

# The ALKALOIDAL CLINIC

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## ELIMINATION THERAPY IN AUTOTOXIC STATES, EITHER PURE OR COMPLICATING NEUROSES OR ORGANIC CONDITIONS.

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**M**AN is a compound animal whose health and functions are constituted by a system of balance. This balance is secured by a continual conflict between various organs, regulated for the benefit of the body as a whole by the central or cerebrospinal system. Like an invertebrate, each organ has its own nervous system, which but for the central nervous system would imbibe nutriment at the expense of the body as a whole, in conditions of extra work would excrete unduly at the expense of the organism as a whole, resulting in that disturbance of balance which occurs from excessive use or disuse. If there be undue use, there results excessive appropriation of nutriment followed by an increased creation of waste.

To balance elimination, there are two great functions carried on in common by different organs. The first great function is oxidation, both for the creation of energy and for conversion of waste into forms which are most easily eliminated; and the second great function is the elimination of waste thus formed.

Accumulation of waste in the system

implies interference with oxidation, creating the so-called suboxidation conditions, as well as imperfect elimination. Before there is accumulation there is generally a strain on the oxidizing or eliminative organs, taking the line of least resistance. Under normal circumstances the toxic elements produced in the organism are excreted by various channels. Some of these products are transformed in the alimentary canal into innocuous substances. Gases are eliminated by the lungs, other compounds are intercepted and decomposed in the liver, and others are excreted by the kidneys and skin. When any of these emunctories is interfered with in the discharge of its duties, phenomena of autointoxication occur; such as alternate pale and high-colored urine, headache, pallor, nosophobia, etc.

The liver, which from an embryologic and functional standpoint represents two organs—one an eliminative and poison-destroying, the other a sanguifactive organ—can, by the peculiar intrinsic action due to the specific activity of its cellules, diminish the toxicity of substances brought to it or with which it

comes in contact. Such action is manifested not only in the case of certain poisons being introduced through various channels into the organism, but likewise in the case of toxic products elaborated within the organism itself in consequence of changes in substances due to tissue activity.

The liver suffers from general instability of the organism. It has extra work to perform but has not sufficient balance to do its ordinary work. Because of this, the toxic products of oxidizing organs are thrown back on them. The kidneys present a point of least resistance when there is an excess of sodium chloride in the circulation.

Under certain conditions, either of insufficient dilution or of imperfect organic combination, sodium chloride may play an important part in the production of autotoxic states of which scorbutus is the type. The influence here exerted is due more properly to interference with elimination and its precedent oxidation.

The presence of pale urine indicates the absence of proper elimination by the kidneys, which may be due to a strain on these organs themselves, which may result from the presence of intestinal products like indican, which again may be the expression of intestinal fermentation, together with imperfect poison-destroying power by the liver. This may be due to excessive polyuria through which the liver, spleen, skin and the oxidizing organs are imperfectly supplied with the necessary water which has to be drawn from the tissues, thereby increasing the difficulty of elimination, through the imperfect metabolic products thus formed.

The therapeutic problem presented is, first, to secure the proper balance of

elimination, and, second, to secure proper oxidation. The first problem is the more important, because the materials to be eliminated are already formed and must be expelled in their present character. A hint of the procedure to be adopted, is given by the methods successfully employed in ascites and anasarca. Here, diuretic and hydragogue cathartics balance each other. In many cases to which these conditions are referable, the strain on the kidneys is secondary to the imperfect action of the liver and bowels, and the renal strain is best relieved, as in anasarca, by agents which act on both the liver and the intestines, producing a moderate, almost natural hydragogue catharsis.

Among the remedies which have a marked influence in this particular is *Asclepias*, a drug not now official, but which appeared in the Pharmacopeia of the Massachusetts Medical Society of 1808. It has a slight diuretic action secondary to an action on the liver and upper intestines. Its action on the heart, liver, pancreas and intestines is somewhat cumulative, when given for some time alone, and hence, like the group to which it belongs, requires modification by combination. Another drug which after falling into abeyance for some years has again become widely used in these conditions, is *Apocynum cannabinum*. Like *asclepias* it is a decided hydragogue cathartic and diuretic, but in addition, more of a respiratory and cardiac stimulant in its primary action. Like *asclepias* it exerts some influence through its cardiac action secondarily to that on the liver, and also slightly influences the spleen and adrenals.

The disuse of *asclepias* and *apocynum* by the regular medical profession was



Chronic constipation is one of the most common causes of headache; relieve it by the anticonstipation granules—Waugh.

Root (*Pediatrics*) says that whooping cough is as much to be dreaded as scarlet fever. Calcium sulphide cures it just the same.

due largely to the fact that the tinctures of these drugs were improperly made by the majority of manufacturing pharmacists—the green root and leaves not being employed in their preparation, with the result that they were practically inert.

The clinical results obtained from the use of a good preparation of *Apocynum cannabinum* indicate, not only that the adrenals, but other oxidizing organs are stimulated, since patients gain strength and flesh under its administration. The tendency to slight nausea present at times from the cumulative action of asclepias is corrected by apocynum to a large degree. The chief untoward effect of the first-named drug, is psychic nausea, which is the first indication of its cumulative action, and which, being due to overstimulation of the pneumogastric rather than the vomiting center, may be corrected readily by a heart stimulant of the strychnia type, such as strychnine arsenate, alone or in combination with the arsenates of iron and quinine, which combined in small dosage and especially when associated with nuclein form one of the best tonic combinations that has been brought to my attention.

While both these remedies have undoubtedly beneficial action in true nephritis, still, the disappearance of albumin and casts produced by them, is due to the removal of renal strain rather than to any directly beneficial effect on the kidneys themselves.

Through the hydragogue action of the two drugs, it is possible not merely to control anasarca but likewise to check polyuria to such a degree as to direct aqueous elimination to the liver and intestines, thereby increasing the action of both and favoring the excretion of hepatointestinal products from the kidneys.



Dock (*J. A. M. A.*) favors the use of the ice bag in pneumonia; he says it relieves pain and cough and improves breathing.

The procedure is furthermore aided by the stimulation given oxidation, as shown in the gain in strength and flesh, even in nephritis, from the use of these two drugs in combination.

Another remedy acting in a similar way as a tonic, hydragogue cathartic and diuretic, is chionanthus. The action of this drug is primarily tonic, and secondarily slightly hydragogue aperient, rather than cathartic and latterly diuretic. It has some influence on the oxidation system, secondary to the influence on the liver followed by an influence on the pancreas. Its general tonic action adds to that of the two remedies first mentioned and tends to relieve the strain produced by them on the general system which is most potent in the case of asclepias and least in that of the apocynum. Two other drugs which conjoin similar properties with greater cathartic action are leptandra and podophyllum, associated with the three previously named remedies, and with the addition of iris, a certain intestinal action is added to the effects already described. Iris is the most tonic, least irritant and most strongly stimulant to the oxidizing system of the three, but the combination affords better balanced results with less untoward effects than any of the three given alone, and when associated with the three remedies first described, the general efficiency is markedly increased. Colocynth in the form of compound extract, adds to the efficiency of the combination by its action on the lower bowel.

In this prescription the evil effects of aloes upon the hemorrhoidal veins does not occur and scammony adds to the general oxidizing tendency, so far as the fats and starches are concerned. The first six remedies should be employed in

Nervousness in men, provided you can exclude organic causes, is likely to be due to overwork or mental strain.

properly prepared tinctures, and dispensed in capsules with sufficient liquorice powder to make a mass. Heat should not be used.

The conditions underlying intestinal fermentation involve both elimination and oxidation, since fecal resorption is a frequent consequence. Fecal resorption, as Sir Andrew Clark pointed out, is a frequent cause of an obstinate type of anemia, such as is even today often regarded as pernicious anemia. There is here a pathogenic circle since the true pernicious anemia (which consists, as P. O. Owsley affirms, in a resumption of reproductive powers by the red blood cell, fatal to the organism as a whole) is intensely aggravated by non-elimination and non-oxidation. Fecal resorption plays here, in a vicious circle, nearly as great a part as in fecal anemia. The elements entering into fecal resorption are much more complex than is usually considered. The starchy elements of the food have a more important action in even the seemingly protein results than would be assumed from the ordinary statements on the subject.

Accumulation of starch in the intestines, from excessive use of potatoes, bananas and other starchy vegetables, leads to an acetous fermentation with great formation of gas and likewise to chemical combinations with proteid contents of the bowel. The resulting combinations are much more easily absorbed than the starch or proteid alone, and a sure indication of their absorption may be found by the presence of indican in the urine.

These combinations are the ones which play such a destructive part in the cachectic conditions, to overcome which an attempt must be made to secure nat-

ural regulation of intestinal changes by stimulating the functional activity of the liver and pancreas, as the secretions of these organs play a most important part in overcoming this abnormal condition in the bowel.

A prescription which has been found very efficacious in meeting all these indications consists of pancreatin, inspissated ox-gall, creosote, oil of birch, extract of colocynth compound, and eserine sulphate or nitrate in 1-200 grain doses. The creosote and oil of birch (methyl salicylate) play a large part in determining proper fermentation, while the ox-gall and the pancreatin give this a physiologic direction. The influence of scammony, an ingredient of the extract of colocynth comp., on oxidation of fat and starch has already been alluded to. Eserine has a more decidedly regular influence on the peristaltic action of the intestines than nux vomica, so long the "stand-by" in this particular.

The late development of the rectum and anus in embryogeny has naturally exposed these two organs to influences tending to arrest of development. The cloacal type persists, quite late in fetal life, even in the placental mammals, while the oviparous mammals retain this type permanently. With the rise in evolution of intrauterine development the cloaca is less dominant and its relations to the neurenteric canal are less easily determined. The neurenteric canal is an open communication between the archenteric canal and the medullary canal. The terminal portion of the intestinal canal, the primitive anus, receives in early stages of fetal life the urogenital ducts; a condition which is permanent in the *Sauropsida* (birds and reptiles) and the *Monotremata* (egg-laying mammals).



Remember that the most important symptom of neurasthenia is the sense of weakness or exhaustion—worst in morning.

Remember, also, that neurasthenics suffer a great deal from headache, and that this is also worst in morning.



The portion of the archenteron common to these ducts is the cloaca. The ectoderm forms very early a small anal invagination which grows in toward the cloaca until the ectoderm comes into contact. The membrane formed by the two epithelia breaks through and the cloaca thereby acquires an opening to the exterior. This opening subsequently divides into two: (1) the urogenital opening; (2) the permanent anus. The complex development here outlined results in various complications of elimination, consequent on the struggle for existence between the organs which are affected by the various periods of intrauterine stress preceding the complete development of the anus. This may affect not only organic development, but likewise functional potentiality and innervation.

It is for this reason that the lower bowel has such a marked relation not only with pelvic innervation, but with the general constitution.

The increasingly complex system of lymph spaces in connection with cerebral development shows that the trophic functions of the neuron imply waste which requires oxidation and elimination in greater proportion as the animal rises in the scale of brain development. In proportion as the waste at the place of formation is properly oxidized, do the chances of arrested elimination lessen, not only at the point of formation, but also at the points of elimination, and as elimination, like sensation, is a balance between different organs, the chances lessen of improper elimination everywhere.

The problem of intellection involves, as Maynert long ago pointed out, proper supply of oxygen to the brain cells. In the event that an excess of oxygen is

furnished, excessive emotional states are produced whose products fail of proper symbolization because of the rapidity with which they occur. The reverse state of depression arises from the imperfect supply of oxygen, and the consequent imperfect elimination of the products of nerve action. Both the conditions could be relieved were the excretory products of nerve action rapidly removed through the ordinary elimination centers. It is for these reasons that elimination has played such an important part in mania, the type of emotional exaltation, melancholia the type of emotional depression, and the confusional mental states where there is no emotional basis. In these last states a condition occurs somewhat resembling the toxic amblyopias before the change in nerve structure.

What is true of the cerebral nervous system is also true of the cord, and still more true of the ganglionic system. The greater part of the nerve cell is connected with nutrition and the component parts of the neuron-cell body, dendrites, axon and axis-cylinder, serve as channels for blood plasma. The influence of the nerve elimination on this supply is evident, and it has been well said, that neuralgia, for example, is the cry of a tired nerve for proper blood. The two elements implied are proper elimination and proper oxidation.

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In treating neurasthenics bear in mind that rest is fundamental; cut days short at both ends; eliminate work and worry.

Rest, forced nutrition and plenty of fresh air are essential in the treatment of neurasthenia; in this like phthisis.

## HEPATIC INSUFFICIENCY; AUTOINFECTION--CAUSES, SYMPTOMS, TREATMENT.

THE ACTIVE PRINCIPLE OF BILE AND THE ROLE IT PLAYS.

BY W. C. ABBOTT, M. D.

PART III.—TO PREVENT INTESTINAL PUTREFACTION.\*

A CERTAIN amount of putrefactive decomposition of the various food-stuffs always occurs in the bowel. This is manifested by the appearance in every normal urine of certain putrefaction alkaloids and of a variety of very complex organic compounds (conjugate sulphates, compound glycuronates, compound glycocolls, etc.) of which indican is the prototype, and by the excretion in the feces of various organic bodies that we know to be formed exclusively from the putrefaction of albumins. It is necessary to distinguish between the normal fermentative decomposition of the albumins, that is brought about by the action of the gastric and enteric secretions, and the putrefactive decomposition of these same albumins that is produced by many varieties of putrefactive micro-organisms that gain an entrance into the bowel and there, unless checked in their activity or rapidly eliminated, exercise their pernicious effects. True, the decomposition of the albumins by digestive ferments and by putrefactive microbes proceeds along very similar lines and the end-products of either disassimilation of the albumin-molecule are highly toxic when introduced into the circulation, but there is just this difference between the two groups—the fermentation-splitting products are reconverted into serum-albumin in the bowel-wall,

whereas the putrefactive end-products cannot undergo this reversion and hence often pass through unchanged into the blood and lymph-stream beyond.

Moreover, certain of the many putrefactive germs that occasionally lead a parasitic existence in the human bowel produce specific poisons of an albuminoid character that are frightfully toxic for the human species. Many of the latter have been isolated, and upon many of them a name has been bestowed. Others no man has ever seen but we know of them, to our sorrow, from their manifestations—from their physiologic effects. Among the symptoms that can be produced experimentally by various bodies that have been isolated from putrid bowel-contents are tetany and dyspeptic coma; some of the bodies produce violent headaches, others a feeling of general lassitude; some profuse outpouring of sweat, of saliva, of tears; others a suppression of these secretions, as manifested by dryness of the mouth and throat and skin; some dilate the pupils, others contract them; many of them produce skin-eruptions of the most varied kinds.

The character of all these symptoms and their intensity will depend upon the number and the variety of putrefactive bacteria in the bowel, upon the quality and the quantity of poison they secrete, upon the amount absorbed within a given time and upon the state of the

\* The five points in treatment of hepatic insufficiency were stated in the preceding article, January issue, and No. 1, on the general subject of diet, was discussed.



As an aid to rebuilding the weakened cells do not forget the importance of nuclein; triple arsenates also indicated.

Do not confuse neurasthenia with hysteria; the former is an exhaustion neurosis; the latter a psychosis.

resisting powers of the organism against invasion by these toxins. In certain forms of intestinal putrefaction, e. g., the poison is so virulent and it is manufactured in such abundant quantities that most acute and alarming symptoms of diarrhea and profound general toxemia develop; in other forms, particularly in those that are accompanied or followed by constipation, the formation and absorption of the poisons is slower, and their character presumably also less virulent, so that we see develop a chronic form of autointoxication, manifested principally by headache, a coated tongue, loss of appetite, general lassitude, lack of ambition, chronic skin eruptions, itching, high arterial tension, dizziness and a depressed mood generally. The latter is the typical syndrome of the common form of intestinal autointoxication with hepatic insufficiency.

Recognizing this, the vital question is how to prevent this putrefactive decomposition of albumins in the bowel and thereby the formation and absorption of the poisonous products that can produce the above symptoms? As in any other form of treatment one cannot do better than to study Nature's way of combating the invasion of these parasites and the unfolding of their pernicious activity—and once having comprehended Nature's method, to imitate it and to reinforce it!

To the liver, chiefly, as we have shown in detail in previous paragraphs, is delegated this important function of restricting gastrointestinal putrefaction or of neutralizing its effects if it has once occurred. The liver fulfills this task in three different ways, viz.: (1) It pours into the uppermost portion of the small intestine a specific secretion that is capable, to a marked degree, of inhibit-

ing the pullulation of putrefactive bacteria throughout the length of the whole intestine, and particularly in those first few feet where intact albumins should be disassimilated by the bowel ferments and not abnormally decomposed by parasitic microbes; (2) it attacks the bulk of any abnormal putrefactive decomposition-products of albumin that may, nevertheless, be formed and disintoxicates them so that they enter the circulation in an innocuous form and can be rapidly eliminated *via* the various emunctories of the body (chiefly the kidneys) without doing any harm, a process that is presumably brought about with the aid of a specific "internal" secretion of the liver cells (Massini); (3) it acts itself as an eliminating, i. e., an excreting organ in the sense that it pours back into the bowel, in a non-toxic form, a variety of originally toxic bodies poured into the liver from the bowel; in this way the disintoxicated bowel poisons need not even travel through the whole cardiovascular apparatus before they leave the organism, but are returned, harmless, by the shortest route, whence they originally came from.

The bile, therefore, is both a secretion and an excretion. A "secretion" inasmuch as it contains a germicidal principle (and also, we must assume, that moiety of antitoxic "internal" secretion of the liver cells [see above] that is not utilized, i. e., combined with poisons within the liver); an "excretion" inasmuch as it contains a variety of disintoxicated poisons that the liver promptly returns to the natural cloaca of the body instead of the blood- or lymph-stream.

With the liver as an excretory organ we shall no longer have to deal in this article, for we are concerned principally



In hysteria there are disturbances of sensation, frequent psychical outbreaks and a tendency to paralyses or spasms.

Neurasthenia is probably more common in males, while hysteria is almost exclusively confined to females.

in establishing what may be the character and the exact function of the liver-secretion that plays such an important role in the human economy. We shall have to see what this secretion is normally capable of accomplishing, what its active principle or principles may be, and shall determine what occurs when the outpouring of this secretion is arrested or when its character is perverted, and, finally, we shall point out and estab-

lish such means as are at our disposal for counteracting, on the one hand the bad effects accruing from a lack of this secretion and, on the other, for stimulating the formation of an abundant quantity of this important principle when its formation is impeded or its normal character changed. This discussion is reserved for the following papers.

Chicago, Illinois.

(To be continued.)



## LOCAL AND INTERNAL MEDICATION AS IT RELATES TO SURGERY.

BY THOMAS H. MANLEY, M. D., PH. D.

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IT would seem now, as a well-established reaction has set in against the advance of operative surgery as practiced in the near past, that it would be well, to briefly survey the field and endeavor to ascertain where we stand, or indeed, if there be room for the general surgeon to stand anywhere, if he will loyally assign every case which comes to him to the almost innumerable specialties that claim various regions and organs of the body as their own. Moreover, it may be well to settle the question, once for all, whether the surgeon, in his capacity in attending a case, is, in the future, to be regarded as anything more than a mechanic; as the principles of operative surgery quite wholly rest on a physical basis.

Many keen observers prophesy, that in the near future many specialties which have gained widespread popularity are doomed to decadence and extinction; some of them to again fall back into the domain of general surgery, and others

to be once more appropriated by the general practitioner.

If we glance through the works of Erichsen, Gross, Holmes or Hamilton, we shall be struck by the fact, that in those eminent authors' time, every sort and description of operative procedures, except possibly those involving the intrinsic structures of the eye, were claimed by the general surgeon. One of those authors is yet alive, and none of them has passed away more than twenty years since.

Moreover, in our own country, several of our most eminent surgeons have been well-known general practitioners for several years before they took up operating on a large scale; of whom may be mentioned, the elder Gross, Van Buren, McBurney, Senn, Murphy and more than a score of others. No doubt, in a certain sense, the old saying that "the shoemaker should stick to his last" contains a few grains of wisdom, but if the shoemaker knows nothing about the quality



Calcium lactophosphate is given with benefit in neurasthenia as a tonic reconstructive; the hypophosphites also useful.

The French favor the employment of the glycerophosphates in this and similar nervous conditions; becoming a favorite here.

of leather, the materials he uses, and the peculiarities of the feet he has to fit, it would be well that he *stuck* to something else than the last.

Indeed, the claim is absurd and posterous that the surgeon should be restricted to vivisectioning his fellow man. Alibut tells us that the celebrated Trouseau did not hesitate to aspirate or incise the chest walls for empyema or even open the pericardial sac in effusions. He proceeds: "The present is a critical moment in the relation of Medicine and Surgery in England where the two branches of the art have been so separated as to appear to be *two professions*."

This eminent author bemoans the present sharp truncation of internal and operative medicine and pleads for the use of the hand as well as the brain; in other words, the physician should act as well as think. Again, the author cites Lisfranc, who said: "I say, however, that no man can be a good physician, who has no knowledge of surgery, as both branches are essential."—(*Histological Relations of Medicine, Am. Medicine*, Oct. 15, 1904.)

Hetherly, in a recent notable contribution, submits a scathing remonstrance against reversing the older order of things, in forcing surgery in, as the first, rather than as the last, and as an extreme measure.—(*The Lust for Operations, New Zealand Medical Journal*, April 30, 1904.) In fact, all are in accord that the drastic resources of sanguinous intervention should never be invoked until other tentative or remedial measures have failed.

But let us *first* be assured that they *have failed*, that they are inert and im-

potent, as drastic surgery is never justified except as a last resort.

#### ACCURACY OF DIAGNOSIS.

My own experience has forced the conclusion on me, that many times operations of a formidable character are undertaken or hastened because of an inadequate examination or study of a case; one is too prone to take the word of the patient without a most critical examination on his own account. For example, during the past week, I was requested to operate on two cases of supposed appendicitis, in the practice of two physicians, both patients women, one 30 years old and single, the other married and 41 years old. In neither was any trace of disease discovered in the appendix on exposure by incision.

Sometimes we encounter practically all the symptoms of appendicitis in renal colic, with spasmodic kinking or torsion of the ureter. The same may be said of any of the abdominal or pelvic viscera.

In the vast majority of those dubious cases, we shall do well to first relieve our patient and delay, in order to study the case. Here comes in the demand for a knowledge of appropriate remedies, local applications, eliminants, sedatives, constitutional medicines, etc.

It is true that symptoms and the revelations of the microscope will sometimes deceive us; but we should be prepared to understand the direction in which they may lead us off.

#### A KNOWLEDGE OF THE COURSE AND NATURE OF DISEASES.

It is well known that tuberculosis in childhood rarely attacks the lungs, but seizes on, by preference, the lymphoid tissues and the joints, and that under proper environment with the growth of

As a matter of fact phosphorus in some form is indicated in many cases of neurasthenia; try the strychnine and phosphorus comp.

Zinc phosphide is another phosphorus preparation that does good service in neurasthenia, especially sexual cases.



the child the disease tends to spontaneous arrest.

These are the cases which Lorenz would treat by "Bloodless Surgery," or by leaving them to Nature, as he assures us that if we discard every description of orthopedic appliance in hip-joint disease and permit the child to move about unhampered he will recover rapidly and with a better limb than if it be steadily braced up.

Let us recall that renal, hepatic, appendiceal and tubular colic present many symptoms in common; and this colic may be often purely spasmodic, i. e., a neural affection in some manner produced by a toxin in the blood, as in plumbism, inducing disorder in the terminal fibers of the sensory or motor nerves.

Let us beware of "cutting early and wide" for malignancy, until we first know *what malignancy* is, and not forget that the local manifestations of syphilis, tuberculosis and cancer, present many features in common, which may defy the most expert microscopist to differentiate; this being notably true of ulcers about the fauces, in the rectum or the vulva.

No end of confusion has come to us through the new nomenclature of pathological processes.

THE PATIENT IS SEPTIC, THE WOUND IS SEPTIC.

Now, what is sepsis, anyway?

Why, any *tyro* in medicine will tell us; he is taught that it means that toxins have entered the circulation, that pathogenic organisms have fastened on a wound; the wound is not "aseptic"—as though any wound in the history of man ever healed without the intervention of the enzyme or the microzyme. Indeed, so eminent an investigator as Widal tells

us that the streptococcus, the germ of Fehleisen, is always with us, anywhere, over the areas of mucous or cutaneous surfaces, only waiting for a local departure from health to play its role.

#### GENERAL MEDICATION.

Let us look well to the patient's general condition and test the effects of appropriate internal remedies before we insist on operative intervention for a local lesion.

For example, some years ago, a practitioner from another state came to me for advice about a severe laryngeal affection. The first specialist seen believed malignant disease was present and advised laryngectomy; but I suggested that it might be well to examine his lungs. This done, he conceded his error and admitted tuberculosis. Well, this was eight years ago, and the doctor is alive yet, in much better health than he was then, thanks to constitutional treatment. Intelligent skilfully directed internal treatment will often dispense with the *necessity* of local sanguineous or risky external surgery. This is most notable in the strumous affections of the pharynx in childhood; in very many dermatological affections, in nearly all the genito-urinary affections of the male, and a very large number in the female.

The diatheses, taints and disorders of the constitution must be set right as a *sine qua non*, to be first dealt with effectively, before more violent mechanical means are resorted to.

In acute disorders attended with great distress, I would strongly plead for a full and persevering trial of appropriate applications conjoined with narcotics, or even anesthetics, as a primary measure. How often we make ready for an operation, when some relative or, perchance,

Zinc valerianate is a splendid nerve sedative well suited to many hysteric and neurasthenic states.

Lupulin has a well-deserved reputation in the treatment of nervous erethism, insomnia, hysteria and similar states.

sage old woman, comes in and puts the veto on, supported of course by some competing brother in the profession? A free dose of a narcotic with a good sleep did the work. The next morning, the patient clamors to get up and demands his breakfast.

In the agony of renal colic, often due to spasmodic contractions of the ureter, we may find the kidney distended by hydronephrosis, as big as the two fists. Now, if instead of contemplating relief, by the Simons' or the lumbar incision, we at once place the patient under full pulmonary anesthesia, it will be astonishing to note how this vast mass will quickly vanish by draining into the bladder.

#### LOCAL MEDICATED OR OTHER APPLICATIONS.

We have no end of operations devised for hemorrhoids, yet if we stir the liver and alter the diet, but few will persist;

and for these there is no measure more painless or effective than astringent hypodermic injections.

For ectropium or laceration of the os uteri no operation ever devised will secure to our patient the perfection of repair, as we may realize from the judicious employment of the silver nitrate and other chemical astringents.

This is an age when medicinal agents are so prepared in a condensed form, and at such a low scale of prices, as to be within the reach of every practitioner. In one's vest pocket we may carry a dozen stock remedies; by their skilful and judicious employment we certainly can never harm our patient. Let us then, bring this little battery to play on disease in its manifold manifestations and be certain that it has been well tried, before we rush to other more perilous means to be tried only by those specially fitted to apply them.

New York City.

### THE REMEDY FOR QUACKERY.

BY WILLIAM F. WAUGH, M. D.

THE remedy for quackery that seems to be most favored now, is legislation. If the practice could be limited to legally qualified practitioners, and these be disciplined as they are in England, where transgression of the code of ethics may be remedied by a withdrawal of the license or register, there would be reason for dependence on this method. But the people of the United States have always looked with extreme disfavor on any such restriction of the citizens' rights of earning a living, and juries usually clear defendants in the face of the clearest evidence of transgression of such laws. The limitation

of individual rights, so long as they are exerted in a manner not essentially immoral or criminal, is repugnant to public lay sentiment; and the cry of proscription by a privileged class never fails to arouse sympathy. It is a remedy that does not commend itself to us as suited to the occasion.

The education of the public is an ideal remedy, that does not fit any better. In the ranks of the adherents of popular delusions we find the best educated and most enlightened of our people. In fact, we here place our finger on the sore spot, in that it is among these that we find the most strenuous opponents of the regular

If your patient is anemic of course you will give iron and remember that arsenic seems to have a special field here.

Zinc oxide and silver oxide have occasionally been used for irritable nerves from mental overwork, alcoholism, etc.

medical practice. Were high scholarly attainments and illustrious position synonymous with appreciation of the ethical physician, this would encourage us to look for our remedy in the advance of intelligence and the dissemination of knowledge throughout the community; but when such men as Senator Foraker are numbered among the most enthusiastic adherents of osteopathy, we have little encouragement for such a view.

Our own conviction is strong, that there is but one rational remedy, and that it lies in the acknowledgment that we have not wholly deserved the confidence of the intelligent public, and that by considering the reasons for our failure we may ascertain the methods of so improving ourselves as to regain their confidence. In other words, we possess all the confidence we deserve, and to gain more we must earn more.

Begin with the undeniable repugnance of the people to surgical operations, and their firm belief in the power of drugs, rightly applied, to do away with most of these painful, dangerous and expensive ordeals. They have not lost faith in the power of drugs but in our ability to use them properly. The inefficiency and uncertainty of the ordinary remedial agents has begotten in the physician a timidity in his therapeutics and a tendency to pessimism that has disarmed him. The people know this. They are adrift from their old moorings and vainly seeking some other secure solidity to which to cling. They have no dislike to us, no special proclivities elsewhere—they ask for help in time of distress and safety from the dangers incident to their lives and they only look elsewhere when we fail them.

We must reform our ways. We must cultivate the highest ethical and that means moral standard, so that we shall be looked upon as the firm refuges in the hurricane of greedy selfishness that is overwhelming society since the era of the Captain of Industry began. Be pure and clean; think, feel, act and speak, only from the most disinterested motives; and the time will not be long when the world will recognize your worth and trust you as you deserve. Nothing is so urgently needed today as men who are worthy of confidence.

We must improve our methods of treatment. We must use better remedies, and apply them more intelligently. We must study our cases better, must learn to recognize the pathologic conditions, rather than to name the diseases. We must learn to know our remedies, and to see the precise indications for the use of precise remedial agents; and to recognize the effect of these so that we use neither too little nor too much, but just enough to accomplish our definite, well-considered purposes. Guesswork and chance must be eliminated from our practice. We must be prepared to use that most impressive branch of our art, prognosis, so as to teach our patients our mastery of the case in a way no quack can possibly do.

These are the things that make for better doctors, and we can not afford to be turned aside from anything that tends in that direction, by the sneers of self-interest or arguments addressed to prejudices, that do not touch the merits of the question. And if there be any other or better methods of opposing quackery the writer knows them not.

Chicago, Illinois.



Caffeine relieves the fatigue incident to neurasthenia; remember how you are braced up by a good cup of coffee,

Neuralgia is relieved by the coal-tar analgesics—antipyrin, acetanilid, phenacetin, etc., they have a place but do not abuse,

With the suggestions made by Dr. Waugh we are in full accord. The medical profession itself is largely to blame for the prevalence of quackery. When people are sick they want help—the greatest amount possible. It has become too much the fashion to be therapeutic agnostics. There may be things that will do these patients good, but we are not very sure of it. Professor A. says that medication is in the main useless, and we follow blindly in the steps of the learned professor when we could at least *try* some of the things that the despised quack uses to relieve if not always to cure. Quackery is itself a shameful and debasing thing but it has its lessons which we ought to learn—the first being that the greatest duty of the doctor is to help his patients as much as possible, and the study of medicine *as a science* is only useful as it leads up to this supreme end. The best way then to end quackery is to understand it, and, out of it, to get the real good that is in it and turn it to our own uses—to turn the devil to good works.

In Germany it is said there are 100,000 quacks—three times as many as there are legitimate practitioners—and yet Germany is the *fons et origo* of scientific medicine. German doctors have become so engrossed in the study of the natural history of medicine that they have lost interest in the *cure* of

men and women. Germany is the finest place in the world to study because the feelings of the patient are not considered as of much importance; he is a thing to be experimented upon, to be operated upon, to be exhibited before clinics—but hardly considered as a man with heart, blood, nerves, like our own. And here again we may learn a good lesson from the quack—who cultivates the personal element in his patient, treats him as real flesh and blood and at least tries to make him feel that his heart has a place in it for *him*, even though it is a bitter kind of heart after all. Every man responds to the magician-touch of personal interest, and if it is “the real thing” that it ought to be, we need not fear the loss of our patients—at least many of them.

Quacks there will always be. They answer a demand which is deep in human nature and can never be eradicated—a demand that the mysterious shall find expression in our flesh, and that the impossible shall be done. Human nature does not change; superstition always will be as it always has been; even in our own selves, if we will but confess it, it lives a little. Is that not so? But that is no reason why this ugly flower of the centuries should be permitted to go to seed among us and choke out at last the real good which only the medical profession can do.—Ed.



## THE ROLE OF THE MOSQUITO IN MALARIA AND YELLOW FEVER.

BY W. L. COLEMAN, M. D.

**T**HIS article was received from Dr. Coleman shortly before his death, and is the last that appeared from his pen. In it for the last time he re-

asserts his faith in the theory concerning the origin and transmission of malaria and yellow fever, for which he had so ably contended for years and which



Quinine will relieve many cases of neuralgia, especially those in which the pain recurs at regular intervals—malarial.

Be sure that your “neuralgia” is not an inflammatory or reflex pain; many mistakes in diagnosis on this point.

was very dear to his heart. Dr. Coleman always wrote well and this article carries the same strength, vigor, earnestness that characterized all his work. While many of us find it impossible to endorse his ideas, we all must admire the fine grasp of his intellect, his careful logic and his fidelity to the truth as he saw it.—Ed.

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This is preëminently the era of "fads." Fifteen years ago I ventured the opinion that the last decade of the century would be known in history as the period of the "passing of the microbe," to such extravagant lengths had the "germ theory" been pushed and so absurd were many of the opinions and theories advanced in regard to it. But I went wide of the mark, for at this time it dominates the medical mind to the exclusion of all other causes of disease, and I fear has hindered and prevented necessary investigation along other lines of medical inquiry of far more importance to the profession and of much greater utility to the human race.

The climax was reached and capped during the first four years of the century by the promulgation of a most marvelous theory and wonderful discovery which has been almost universally accepted by both the profession and laity with greater unanimity as to its truth than any other theory, ever advanced before. It is that the *Anopheles* mosquito is not only the sole cause of malaria, but that the female *Stegomyia fasciata* mosquito stands in the same relation to yellow fever. In other words, "without *Anopheles*, malaria does not occur; without *Stegomyia* no yellow fever." (Chaillé.)

This is entirely too much for my

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Pain in the side may be intercostal neuralgia, rheumatism of the intercostal muscles or a pleurisy—watch out!

credulity and I seem to stand almost alone in the great minority of one as an objector; and it may be said that I have no right to dispute or criticise these facts, as they are claimed to be, being superannuated, out of the harness and not in active practice; but I am an earnest seeker after truth and the whole truth and take the liveliest interest in the wonderful progress and discoveries that are continually being made in that noble profession in which I have labored for nearly half a century, and so I am open to conviction and stand ready to be convinced and accept whatever can be demonstrated to be truth, however much it may conflict with the cherished theories and conclusions of a lifetime.

But all of this is so contrary to the accumulated, overwhelming evidence of the past, obtained by thousands of observations and centuries of experience of competent investigators, that to my mind it seems to be a plain case of "putting the cart before the horse," and of mistaking the effect for the cause of the disease, which I shall endeavor to show. These two particular diseases are the most unique and least understood of all the maladies of which the race has ever been afflicted, and constituting the greater part of a practice of a lifetime, I have ever made them subjects of special study and investigation. My views and theories of them have undergone radical changes from different periods of investigation, and those I now hold seem to differ wholly from those held by the entire profession, but being founded upon indubitable facts I claim they are incontrovertible.

Differing diametrically from each other as to origin, cause and nature they are each respectively representative types

In intercostal neuralgia you will find the painful points of Valleix; examine for local tenderness.



of two very different classes of disease. The first, malaria, has always been regarded erroneously as a perfect type of "zymotic diseases" and is always endemic, frequently epidemic, but never infectious or contagious, which it would have to be if the mosquito could obtain aught from the blood of one suffering with it by which it could transmit and produce the disease in another.

Bosh! Who ever heard of "ague" being contagious! After holding the general opinion that it was a germ disease, caused by emanations of miasmata or mephitic gases from marshes and stagnant water in paludal regions, the investigations of a lifetime have compelled me to abandon the theory *in toto*. Bacteriologists have utterly failed to discover, isolate and demonstrate positively the existence of a pathogenic germ as the cause of malaria, and as it can be easily shown that the blood is in a normal and pure condition at the beginning of the first attack of the disease, I maintain that it is not caused by a microbe or blood poison of any kind. Of course every one knows that the blood becomes rapidly impure from the terrible disturbance and derangement of the functions of all the organs of secretion, excretion, elimination, etc., as a result of the fever, and that this impurity is greatly increased by the antoinfection with superimposed specific infection that naturally follows such a condition of things.

Among other impurities in the blood produced by the fever is to be found the now celebrated little microscopic animal parasite discovered by Laveran, twenty-five years ago, whose origin and way of entrance into the blood-stream have worried and puzzled medical scientists from that day till this last marvelous discov-

ery, that its entrance was effected by the *Anopheles* mosquito, and that "without *Anopheles* malaria does not occur." (Chaillé.)

Whence its genesis? Is it the natural offspring of *Anopheles*? Now from the fact that it is found only in the blood-streams of persons suffering with malaria, and that no natural or rational way of entrance has been discovered, I contend that the blood is its birthplace and natural habitat from which it never emerges except when extracted by *Anopheles*, but perishes and is cast out as refuse matter at the end of its cycle. As said, no one knows when this parasite makes its first appearance in the blood-stream but it can be easily shown that it is not to be found there just before and during the first hours of the first attack of malarial fever, for being an effect or product of the fever it requires some little time for the production of the vanguard, which however is rapidly reinforced as the battle grows hotter and the fever is prolonged.

How this parasite is evolved in the blood I leave the bacteriologists to decide, but to show that there is no ground for the charge that I believe in the old, ridiculous but exploded theory of spontaneous generation, I will say there is no necessity for imagining a new creation or evolution of a new germ, but that in all probability Laveran's parasite was caused by some action of the fever upon the blood, transforming innocent and useful leucocytes into hungry, savage phagocytes, with pseudopodic jaws, ready to devour the red blood corpuscles, thus inducing a tendency to leucocythemia, a condition, as is well known, occurring oftener in malarial regions and in



Neuralgic pain will often yield to local applications of heat; try the hot water bag, a sand bag or hot iron.

Too often neuralgia is the sign of toxemia; the poison may come from the bowel or may indicate uric-acid-like products.

chronic sufferers with malaria than elsewhere.

If they can demonstrate that malaria is caused by a microbe or germ of any sort, then it can be prevented or cured more certainly and effectually with the simple sulphide of calcium than with all the tonics and antiperiodics ever used; for this same sulphide of calcium has been demonstrated to be *the parasiticide par excellence*, which, while harmless to the human organism, is certain death to all the lower forms of life, and is a certain cure and preventive of smallpox, measles, scarlet fever, whooping cough, and of all infectious and contagious diseases. This is by the way, for I never neglect an opportunity to call the attention of the profession to this simple but grand remedy, which I have demonstrated, personally, to be a certain and positive cure in all of the above cyclic diseases hitherto regarded as nonamenable to medicine, and it is far safer than and superior to any of the dangerous antitoxins.

But to return to the subject proper: The condition of neurasthenia invariably existing among other prodromic symptoms just preceding an attack of malaria, together with the fact that the strychnine, quinine, arsenic and other vital incitants and nervous tonics cure and prevent it, are *prima facie* evidence that the disease is a neurosis, pure and simple and not a zymotic or blood disease.

The neurasthenia and lowered vital energy preceding, causing and accompanying an attack of malaria are due to and caused by irritation and overstimulation of the ganglionic nerve centers, as a result of an abnormal electrical condition of the earth and air, their natural

conditions being reversed, and the earth becoming positive and the air negative; this reversal of their normal conditions is caused by the great daily variations in the thermometer of thirty or forty degrees every twenty-four hours. This great daily variation of temperature causes intensely hot days and cold nights—typical malarial weather. Hence malaria is a neurosis, not a blood disease, and I see no part for Miss Anopheles to play. It is true she might possibly transmit malaria from the sick to the well by means of Laveran's parasite; but this is highly improbable, and as this is still *sub judice*, and not proven, I relegate her to the position held fifty years ago, when the mosquito was regarded as a blessing in disguise from God and a preventive of malarial fever.

Holding the views I do that the original cause of yellow fever (the old African slave ships) having long since been removed the disease is bound to become extinct, if it has not already done so, I deem it unnecessary to say anything upon the still more absurd and criminal theory that the *Stegomyia* mosquito is the sole means of spreading that disease.

If the yellow fever poison existed anywhere in the world possessed of the virulence and potency of fifty years ago, it would be a sad day indeed for the South if that doctrine was enforced and quarantine against all forms of fomites relaxed or removed, for there are so many more nonimmunes in the country than ever before in its history that only those who have witnessed the terrible epidemic that prevailed fifty years ago can form any conception of the widespread suffering and death that surely follow the presence of Yellow Jack, endowed with his pristine virulence and supplied with



In all cases of neuralgia see that the eliminative organs are all doing full duty; this alone may clear up your case.

Be sure that your neuralgia is not a neuritis, a true inflammation of the nerve or its sheath; some poisons cause this.

such an abundance of material. But thanks to that inexorable law of nature, *sublata causa tollitur effectus*, the cause being removed the effect will disappear. We would no longer fear the importation of that once dreaded scourge, yellow fever, either by that wonderful mosquito, Mrs. Stegomyia or the ancient Mr. Fomites (Chaillé), for I contend, and challenge successful contradiction, that the completed and closed history of the old African slave trade and yellow fever furnish so many plain, simple, indubitable and incontrovertible facts that show that there ever existed such an intimate, constant and unbroken connection and association between them and that their companionship was so close and inseparable everywhere as to time and place that the conclusion is irresistible to any unprejudiced mind that they stood in the relations of cause and effect.

No sane man will deny that the slave trade has long since ceased to exist, and every one at all familiar with the past history of yellow fever is bound to admit that the history of the last twenty-five years shows clearly that its epidemics have been far less frequent and of a much milder type than ever known before for the same length of time in its whole history.

There are several reasons why the effect, yellow fever, continued to prevail so long after the suppression and removal of the *cause*, the slave trade, but it is unnecessary for me to enumerate them, and I will only refer to the principal one, which is that no man knows when the contraband or illicit trade ceased, and history contains no record of it, for it was carried on surreptitiously and by stealth, and several cargoes were landed on the coast of Texas during my

residence, and yellow fever followed the disembarkation of each.

From my observations in Santiago de Cuba in 1898 and from what occurred since, I feel justified in saying, that it is extremely doubtful if there has been a single case of genuine yellow fever in Havana or elsewhere in Cuba during the past four years, and hence the mosquito theorists have been experimenting with what is known as Cuba's acclimating fever instead of the genuine yellow fever. This fever was diagnosed as yellow fever by the greatest living yellow fever expert, in July, 1898, who in his report to the Surgeon-General predicted there would be a terribly destructive epidemic in August and September, and that it would decimate our army, as the city was then full of cases. Three other reports, made after special investigation, testified positively that there had not been a single case in the city or province of Santiago during the summer of 1898. All this sustains and verifies the past history of the disease and my claim that it has become extinct, and that too before this wonderful discovery, thus leaving Mrs. Stegomyia without an occupation.

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While it will be of little practical utility at this late day, yet I desire to close this my last paper upon this subject by putting on record my final theory and conclusions as to the nature and characteristics of the specific pathogenic germ that caused yellow fever, based upon careful, critical bedside observations in many epidemics for nearly half a century. Yellow fever is a splendid type of septic diseases and is absolutely and wholly a filth disease caused by a specific animal poison coming from that peculiar

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Many a neuralgic pain is the sign of disease at some more or less remote point; make your examination sufficiently thorough.

Keep the blood rightly distributed; very often the neuralgia may be perpetuated by vascular spasms; use aconitine.

filth found only in the holds of the old African slave ships. Its pathogenic germ is a compound vegeto-animal organism consisting of a minute microscopic vegetable growth of mold or mushroom as a base. This vegetable growth is to be found in all sea-going vessels whose holds are filthy, but it is perfectly innocuous until it is exposed to and becomes contaminated or impregnated by the pathogenic germs of some infectious or contagious malady.

Doubtless typhus or ship fever was the first ever observed to do this, although I am altogether ignorant of the origin and nature of that old disease, never having seen a case of it, or studied and investigated it. But by far the most important disease that ever did this is the one under consideration, yellow fever, and the chief function and office of this base seems to have been after being thus impregnated with the yellow fever poison, that of a medium of transportation of that poison from place to place. Attaching itself to and adhering readily to fomites of coarse cloth, especially woolen goods, blankets, wearing apparel,

etc., it is easily transported from one point to another, but requiring, as is well known by all yellow fever experts, a peculiar condition, of which we are wholly ignorant, of the atmosphere of the locality into which it is introduced as to temperature, moisture, magnetic state, with decaying vegetable and animal matter.

Houston, Tex.

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The paper closes abruptly, it evidently having been the intention of Dr. Coleman to elaborate the details of his theory more fully. But most of our readers are already familiar with his ideas and it seems hardly necessary to deal further with them here.

The contributions of Dr. Coleman to the dosimetric cause will stand. He was one of the earliest converts to this method in America, one of its most eloquent advocates and much substantial therapeutic work will remain as a witness to his intellectual depth and his careful clinical investigations. The readers of the CLINIC will not soon forget his frequent contributions. *Requiescat in pace.*—ED.

## BRYONIA.

BY FINLEY ELLINGWOOD, M. D.

**B**RYONIA has long been in use, as an essential agent among homeopathic physicians, but they have given it in potencies and in triturations, and yet their observations are of value to us in our application of the drug, although we use it in the line of its physiological activity. The remedy need never be given in large doses. To an adult a half drop of the tincture is usually sufficient; from one-third of a

drop, to a drop of a good tincture, are the limits of its administration. The fractional dose of the active principle is an especially valuable and practical form for administration. Its profound physiological influence is never demanded within the lines of its administration, if controlled by its specific symptomatology.

In three distinct lines the remedy acts with positiveness, and the exact indica-

Remember too that an aconitine ointment rubbed on the painful place will often give the desired relief.

Aconitine is especially effective in the cases of neuralgia due to taking cold and showing febrile symptoms.

tions within these lines should always be carefully noticed: First, the remedy acts specifically upon serous inflammations; second, upon inflammations of the synovial membranes; and third, upon acute inflammatory conditions characterized by tenderness upon deep pressure, and quick, sharp, shooting pains. It is certainly a remedy for acute pain in inflammatory disease, when the pain is aggravated by movement, or relieved by pressure; when there is an elevated temperature, with hard, frequent vibratile pulse, the muscular structures sore and tender, as if bruised; when the cheeks are flushed, or when from the fever, there is frontal headache, which extends backward to the basilar region.

Bryonia is of especial value in acute inflammation of the bronchi or pulmonary structure, when there is persistent temperature with acute cutting pains, and a persistent aggravating cough, which is usually described as of a hacking character—a short, sharp, irritating cough. This persistent irritating cough, is accompanied with extreme soreness in the region of the larger bronchi, and usually during the progress of the fever there is a bright red flush upon the right cheek.

While we have not ourselves been so exact about the more minute indications, other writers lay great stress upon the fact that the soreness, whether it be muscular or in the organs, and the quick, sharp, cutting pains, that are relieved by bryonia, are all aggravated by motion.

It will be seen at once, then, that this remedy has an exact place in the treatment of pleurisy, pneumonia, bronchitis, peritonitis, hepatitis, splenitis, and in every inflammation within the abdomen which involves those organs, or parts to

which the peritoneum is contiguous. When the symptomatology is exact, there is absolutely no more reliable remedy than bryonia, and all prescribers who have depended upon it for some time unite in the testimony that they cannot replace it by any other remedy or combination of remedies.

Synovial inflammations, whether acute or subacute, whether specific or benign, whether of rheumatic or other origin, when presenting the symptoms above repeated will be quickly relieved with bryonia, and in all cases where bryonia is used its influence is of a positively permanent character.

In these cases, there is the elevated temperature, the hard, frequent and vibratile pulse, and usually the contiguous muscular structures are sore, as if bruised and tender, the soreness being increased as above stated upon motion.

Acute rheumatism is one of the disorders in which bryonia is very frequently found of benefit. It will also favorably influence rheumatic fever, and nearly all prescribers find a useful field for it in the treatment of erysipelas, combined with or in alternation with rhus toxicodendron.

In rheumatic inflammations of the finger joints or of the toe joints, or of the synovial membranes of the feet and of the wrists, this remedy seems to exercise a special selective influence.

The fevers of infancy, where movement causes pain, the child crying out with a sharp cry, the fever persisting, are usually quickly controlled by bryonia. For more than twenty-five years I have treated the acute inflammatory disorders of the chest in infants with uniformly successful results, and have depended upon bryonia more than upon

Atropine is a rational remedy in many of the spasmodic neuralgic affections; may be given with or without morphine.

Veratrine is to be given in cases in which there is hypertrophy or overaction of the heart, with hard pulse or convulsions.



any other one remedy, until the course is now almost a routine one, in the treatment of pneumonia at least, in which bryonia is the leading remedy.

This agent is combined with aconite and belladonna if the disorder is of the congestive type in its incipient stage, or with ipecac if there is much irritation in the mucous linings of the bronchial tubes. These remedies are not combined, but are given in alternation in very small doses, usually every half hour. The real satisfactory results must be seen to be fully appreciated. I am confident that no physician need lose more than two per cent of his pneumonia cases, if he will strenuously avoid cold applications to the chest, but will apply persistent heat instead, and will learn to

properly adjust the above named remedies.

Bryonia, as a special sedative in that class of protracted fevers, where the ordinary depressing sedatives would depress the heart's action, is of much value. Where there is extreme prostration in the asthenic or adynamic cases, where the mucous membranes are dry, and the lips are cracked, where there is excessive thirst with constipation, or dry, hard stools, where the urine is scanty and high colored, in these cases it will allay the temperature, it will increase the secretion in a normal and satisfactory manner, will soothe the distressing symptoms, and promote quiet and restful sleep.

Chicago, Illinois.



## WOUNDS OF THE EXTREMITIES.

BY GEO. H. CANDLER, M. D.

**T**AKING one thing with another, perhaps the wounds which the general practitioner has to deal with most are those of the fingers, hands and feet. If he happen to practice in a factory district he is pretty sure to have crushed and severed fingers to deal with often and, less frequently, more severe crushing injuries involving the hand and forearm.

The least important injuries are, of course, those of the digits. At the same time the kind of work done upon these cases means everything, for with the doctor rests the future utility or uselessness of the member. It has been the lot of the writer to deal with any number of hand injuries and it is a comfort to remember that nearly all of the victims

have good working members at their disposal.

The main point in all minor injuries is to make a perfect first dressing and, as the hand is seldom or never clean, great care must be taken to obtain asepsis. This secured, the wound can be put under a dry dressing and allowed to heal. Sometimes, despite the utmost care, there will be a failure and the dressing must come off. It is always wise to impress upon the patient the fact that pain, heat or throbbing in the wound mean infection and infection calls for prompt re-dressing. The method of the writer, which has been more than fairly successful, is the following: Provided that the bone is not injured and that the tissues are not extensively torn every



Next to quinine, arsenic is the most generally useful remedy in neuralgia; given in form of triple arsenates it is very effective.

Macrotin is a valuable remedy in neuralgia of the fifth nerve and in ovarian neuralgia especially.

step taken is with the one end in view of covering the wound with a *permanent* dressing. The finger or hand is immersed in a basin of hot crenasol or creolin solution, the preference, for years, having been given to the former. Roughly speaking a dram to the quart is ample for this work. The parts surrounding the lesion are well washed with either crenasol or ethereal tincture of soap. Pledgets of cotton are used and each pledget is discarded as used. After the member is practically clean a fresh and equally strong solution is placed in the basin and with a dropper or small wound syringe the wound itself is flushed and cleaned. If bleeding has ceased under the bandage temporarily applied at the scene of accident it will be renewed again by this procedure; so much the better, as infected clots, plugs, etc., are swept away.

The parts are now dried with cotton and bleeding either stopped by pressure or, if necessary, by ligature. Everything being clean it is possible for the doctor to see just what he has to deal with. Do not tie anything which can be left untied with safety; you defeat your own object. If it be possible to do so bring the edges of the wound together after a liberal dusting with aristol, iodo-crol, vitogen or any one of the many successful dusting powders which may best suit your taste. Do not, if you can help it, use iodoform in private practice. Iodocrol, iatrol and iodoformogen are, each and all effective and odorless. Personally the writer uses vitogen or bismuth-formic-iodide for extensive wounds and aristol for smaller ones and all lines of suturing and wound edges.

The edges of a wound not requiring ligature or suture are held snugly to-

gether by placing over the edges a piece of gauze soaked in flexible collodion. A piece of lint is covered thickly with the dusting powder, placed carefully in place over and around the wound, and over this goes enough cotton to act as a protective (from either cold or knocks) and then the whole is covered with two layers of cotton bandage. If the lesion has not been too extensive or caused any tissue to become devitalized, and if the washing has been thorough, this dressing will not need to be touched—excepting the outer bandage—till healing has occurred. Such wounds leave slight scars.

If septic matter has been left behind however, after twenty-four hours the part will throb, burn and ache. This means that the dry dressing must be opened, the wound cleansed and put in a wet dressing. If inflammation has occurred and pus forms it is best to insist upon the wet dressing for the simple reason that frequent changing is imperative and so the course of the lesion is watched. Some of the worst crippling I have seen was due to the ravages wrought in prolonged intervals between dressings.

Should the wet dressing be necessary after exposing the wound, cleanse it thoroughly with the crenasol or creolin solution, taking pains to lift sealed edges which may retain infected secretions. With moderate pressure dry the wound, snip off any tags or edges which may look suspicious and then apply directly to the surface (unless it be an extensive laceration) moist medicated gauze, being liberal with it. Over this place a piece of rubber protective, over this some cotton, and cover all with a roller.

I do not like sublimate gauze, much

Gelseminine does excellent service in many neuralgias—malarial, dental, ovarian and those due to cold.

In gastralgias of an obstinate type, not very acute, with abdominal pulsation, ergotin may prove effective.

preferring nosophen or bismuth-formic-iodide. The latter has a pleasant odor and under it suppurative processes are impossible. The moist dressing for extensively lacerated surfaces is varied to the extent that a piece of rubber tissue, after being placed for five minutes in an antiseptic solution, is applied directly to the wound surface; the gauze is then put in place. I prefer to puncture the rubber tissue freely first. It is obvious that the object here is only to prevent "sticking" of the gauze.

In those wounds which appear a little too severe for the dry dressing described, and yet in which it is not desirable to apply a wet dressing, the following plan will work beautifully. After cleansing, soak a piece of gauze (four thicknesses) with a mixture of collodion and compound tincture of benzoin (one to four) and, after dusting the wound, apply this snugly to the part. Cover with cotton and a bandage. Suppuration will rarely if ever follow. The often followed method of "sealing a wound in its own secretions" is only mentioned to condemn it. "Seal the wound" by all means, but in aseptic and antiseptic matter!

Passing to more serious lesions it becomes necessary to urge the practitioner to cleanse the parts thoroughly so that he may become familiar with every tag and shred of tissue. Never condemn a finger or hand till you are positive it is useless. If uncertain, place the torn and crushed parts together, support them with sterile gauze dressings and place the part at absolute rest. Place the limb so that blood may flow freely to and from the injured portion and, if vitality is threatened, suspend above it a vessel filled with sterile normal salt solution. Let this drip slowly upon the

dressings and arrange some plan by which the surplus water may flow away. This is easily accomplished with a piece of oil cloth pinned up at one end to form a trough. In forty-eight hours reaction will have taken place and it is ten to one you will find that you can save all or a large portion of the tissue which would have been sacrificed had you dressed permanently at first.

Conservative surgery means everything in these days, not alone to the patient whose livelihood is threatened, but to the doctor who has a reputation to make. Rest assured that the man who can save for his patient two crooked and distorted but useful fingers will be appreciated more highly than the one who "made a beautiful amputation but"—robbed the injured man of his digits.

Bear in mind also, that tissue which has even the faintest circulation will respond to the modern "applied blood" treatment. The technique is simple, but scrupulous cleanliness is called for and, unless a reasonably skilful nurse is available the doctor should see to the dressings himself twice daily. In the ordinary manner the wound is cleansed and prepared; torn tissue is replaced—sutured if necessary—and then a piece of protective, punched full of pin-holes, is applied. Over this iodoform or bo-rated gauze is applied thickly and, here, iodoform gauze gives the best results. The dressing is saturated with bovine one part, normal salt solution one part and this solution is dropped freely upon the dressing throughout the day. It is a good plan to cover the soaked gauze with another piece of protective and an outer bandage so as to protect it from germs. If this dressing is intelligently used and the wounded part is kept



Cannabin is a useful remedy in many forms of pain; associated with atropine it often makes morphine unnecessary.

Often a combination of hyoscyamine, glonoine and strychnine will work like magic in spasmodic pains.

scrupulously clean and necrotic edges clipped off the most astonishing results will be obtained.

Granulation once secured, small skin grafts should be applied where needed and the same dressing continued. Now, however, even more care as to asepsis is necessary as the protective covering the grafts must not be touched for forty-eight hours. By this time it is safe

to carefully lift this and replace with a fresh sheet which should have been placed for ten minutes in a 1 to 100 carbolic acid solution or crenasol, washed off in plain sterile water and finally dipped in normal saline.

In the next paper I will describe the method of grafting which has been uniformly successful in my hands.

Chicago, Illinois.



### THE CONTROL OF INTERNAL HEMORRHAGE BY DRUGS.\*

BY THOMAS LUTHER COLEY, A. B., M. D.

Visiting Physician to the Methodist Episcopal Hospital.

**B**Y the term internal hemorrhage, as used in this paper, I include all forms of bleeding in which the bleeding point is not within reach of direct topical application.

It will be my purpose to set forth the general principles on which rational medical treatment is based, and not to discuss the relative merits of surgical and medical means.

In the first place, it may be stated that we have no specific remedy for the control of bleeding, and secondly that the employment of many of the drugs recommended is not based on rational grounds. As will be seen presently, various agents are advised for a similar condition which act antagonistically, so that if one does good, the other must do harm.

The preference given to many remedies by clinicians is too often based on insufficient data. The action on a small series of cases of certain character may not apply to all hemorrhagic conditions,

and the tendency of the bleeding to cease from nature's efforts is so important a factor that we are never sure our drugs have exercised any influence whatever.

In order to discuss intelligently the control of internal hemorrhage, I shall state the following general principles:

1. The mere onset of hemorrhage does not necessarily indicate medical treatment. The general tendency of bleeding is to cease from natural causes, and often more harm than good is done by overdrugging.

2. All patients, bleeding from whatever cause, must be kept in a state of absolute rest and quiet, bodily and mentally, so far as this is possible.

3. All forms of hemorrhage may be more or less benefited by what may be termed collateral treatment. Change of bodily posture as indicated, drawing the flow away from the bleeding point as much as possible, the use of cold, heat, counterirritation, ligature of the limbs, etc.

4. The drug treatment of hemorrhage includes:

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Rachford (*Arch. of Pediatrics*) describes recurrent or cyclic vomiting which occurs in infancy or childhood.

In these cases of recurrent vomiting Rachford says that a history of migraine or gout in the family is common.

A. First, the use of hemostatics, acting locally when this action may be secured, as in certain forms of bleeding in the gastrointestinal tract. Second, the use of internal hemostatics.

B. First, the use of drugs for the purpose of lowering the blood pressure, by depressing the heart or widening the blood paths. Second, the use of drugs to produce a local constriction of the vessels around the bleeding point.

In the consideration of the action of drugs on the vasomotor system we face one of the great difficulties of our problem. Vasoconstrictors to be of value must possess an affinity for the vessels around the bleeding point and there alone; otherwise a rise of general blood pressure will more than compensate the constricting action. The local constriction of the bleeding vessels may be brought about relatively by those vasodilators which act on the vessels of the general circulation, but do not dilate those of the bleeding area. The difficulties of the problem are obvious. Sollmann discusses briefly the selective action of dilators and constrictors, a knowledge of which is of paramount importance.

"The lungs are not much influenced by vasomotors. Hence dilatation would be indicated: Nitrites.

"The vessels leading to the brain are very subject to dilators, but not to constrictors. Neither measure would therefore be useful. If there is not naturally a showing, aconite would promise good results.

"The splanchnic area is the area most sensitive to vasomotor influence, and which reacts most promptly to either dilators or constrictors. The latter would be indicated: Strychnine or hydrastis.

"The skeletal muscles are not readily dilated nor constricted. Dilatation would be indicated: Nitrites.

"The uterus is strongly subject to constrictors. In postpartum hemorrhage, ergot; in menorrhoea, hydrastis and especially local treatment."

These general postulates urge me to controvert the internal use of all drugs producing a rise of general blood pressure, either directly, as digitalis, or indirectly, as the emetics, ipecac, etc., with the exceptions of ergot and hydrastis in bleeding from the uterus, and possibly in hemorrhages of the splanchnic area.

With these preliminary remarks I shall proceed to outline briefly the general action of some of the remedies advised as internal hemostatics. This will illustrate how widely at variance have been the views of clinicians as to the therapeutic indication in cases of bleeding as well as the lack of knowledge of drug action.

*Vegetable and Mineral Astringents.*—Astringents of both classes have a distinct constricting action on tissues. They precipitate albumin and other proteids and are effective only when applied locally. The vegetable astringents owe their activity largely to their tannin content. Tannic acid is itself derived from the oak gall and seems to consist of an anhydrid combination of gallic acid (Cushny). The greater part of the tannic acid administered is decomposed in the intestine into gallic acid. Hamamelis, gallic and tannic acid are alone of interest to us in this group.

Despite the fact that these remedies are administered routinely for the control of internal hemorrhages there is no satisfactory evidence, whatever, that they are of any value. Tannic acid is found



Mental overwork and nervous excitement are important predisposing causes of cyclic vomiting; constipation is usually present.

Recurrent vomiting is an autointoxication. Rachford thinks that in most cases hepatic incompetency is the main factor.



in the tissues in minute quantities as a gallate or tannate of sodium and the traces are so minute that they can have no action.

The mineral astringents, notably the salts of lead and iron, are very commonly prescribed for their supposed internal hemostatic action. They are, however, valueless for this purpose, being absorbed in very minute quantities and having no predilection for the bleeding point. If they were capable of coagulating the blood after absorption and thus stopping hemorrhage they would certainly do so in the portal circulation and would not be carried to the bleeding point before they acted. . . . They never reach the blood except in forms in which they have no astringent nor styptic action (Cushny).

*Suprarenal Extract.*—The local effect on the vessels of preparations of the suprarenal glands is most marked and they have the added value of not producing a rise of general blood pressure when locally applied. The extract has been used with satisfactory results in gastric hemorrhage and it may be injected into the uterus, rectum and bladder, but it is only useful where a local application can be made. There is no satisfactory testimony that the bleeding point can be reached through the circulation. Experimentally it has been determined that when a small amount of epinephrin is injected into the blood vessels of animals that there is a very rapid rise of blood pressure with a slow heart beat; further, it has a distinctly selective action, some of the vessels being affected very much more than others. In the organs whose flow of blood is regulated by the splanchnics the effect is most marked while the vessels of the lung and brain do not

seem to be affected; those of the skin are much contracted, and those of the muscles scarcely influenced. The rise of blood pressure following the intravenous use of epinephrin (which is a very unstable product) would be a contraindication to its use in internal hemorrhage.

*Digitalis.*—*Digitalis* is sometimes prescribed to stop hemorrhage, but the flow of blood is increased through the contracted arteries and there is no evidence but that more harm than good would accrue from the administration of large doses of the drug.

*Ergot.*—*Ergot*, on account of its selective action on the uterus, however uncertain the method of this action may be, has found an established place in the treatment of hemorrhage from this organ. The general action of *ergot*, which depends on its still doubtful complete composition, is not satisfactorily known. As a remedy in internal hemorrhage it may be said to be of doubtful value on account of its slow and lasting action. The rise of blood pressure which follows its use may or may not be general and may or may not affect the vessels of the bleeding area. If it is general, it would be harmful by more than counterbalancing the local contraction of the bleeding point and, further, if the vessels contracted did not include the bleeding area the rise of pressure would then be a counterindication to its use. There is excellent reason for not using it in pulmonary hemorrhage, for pharmacologic studies have shown that it produces a distinct rise in blood pressure in the pulmonary artery.

*Opium.*—*Opium*, preferably in the form of morphine, is of great value in internal hemorrhage and this, not from any hemostatic action it possesses, or

Overeating is a potent cause of cyclic vomiting and acid fruits and vegetables may precipitate an attack.

Vomiting is the most important symptom; it is not severe at first but becomes worse; may last from one to six days.

vasomotor effect, but because it allays the patient's restlessness and nervousness, thereby favoring clotting of the blood.

*Hydrastis*, preferably in the form of hydrastinine, has some reputation as an internal hemostatic, especially in menorrhoea. It is a distinct stimulant to the circulation, causing a prolonged rise of blood pressure and a slowing of the pulse after moderate dose. The cause of the increased tension is not settled; there is probably stimulation of the vasomotor center and the peripheral vessels are contracted possibly by direct action on their walls. The drug might be used in hemorrhages of a slow, oozing character, but in no others.

*Ipecac.*—The use of emetics in hemorrhages, especially pulmonary, has not met with favor of late. Graves, Trouseau, Peter, Massina, H. Weber, and others, were strong advocates of the use of large doses of ipecac, it being claimed that there follows a diminution in the size and strength of the pulse, and, in addition, that the blood is expelled from the bronchi where it is likely to become the source of reinfection. The great liability of the retching to induce fresh hemorrhage is a strong contraindication to its use. In tropical dysentery the drug seems to be almost a specific; we are in doubt whether this action is due to the alkaloids or the large amount of tannin the root contains.

*Aconite* in small doses produces a slowing of the pulse with the fall of blood pressure, and seems especially indicated in the so-called sthenic cases. Aconite slows the pulse in the same way as digitalis but does not accelerate the arterial tension as does that drug.

*Nitroglycerin and the Nitrates.*—This

group produces a profound fall in blood pressure by the dilatation of the peripheral vessels. It is stated that the vessels of the abdominal organs and the brain are more affected than those of the extremities. This group has been recommended for pulmonary hemorrhage. It would seem, however, that the general widening of the blood paths, together with the fact that the heart beats more rapidly under the lowered pressure, would contraindicate its employment. The general widening of the blood paths will frequently increase the caliber of the vessels of the bleeding area.

*The Antipyretics.*—Antipyrin, especially of this group, possesses valuable properties as a local hemostatic, and has been employed internally for its supposed general styptic action. There is no evidence, however, that it possesses such. The depressant action of these drugs on the heart, together with the sedation which they often produce, may be of slight value.

*Formaldehyde.*—As a remedy by irrigation in the necrotic forms of dysentery, weak solutions of formaldehyde have been used with success. It has also been employed in climacteric hemorrhage and in uterine hemorrhages of unknown origin, by intrauterine application of a 40 per cent solution of formaldehyde. A few drops of a very weak solution have been recommended for internal administration in gastric hemorrhage, yet the drug is distinctly toxic and highly irritating.

*Strychnine.*—The action of this drug in producing stimulation of the vasomotor center has caused it to be employed for abdominal hemorrhage, owing to the constriction of the arteries



Rachford treats these cases with small doses of calomel and large ones of sodium bicarbonate, the latter to counteract toxic acids.

Where food or water is not retained by stomach he gives rectal enemata of saline solution or sodium bicarbonate.

of the abdomen and the dilatation of the vessels of the skin. Since, however, the blood pressure is raised and the drug possesses the property of producing motor excitement, it would not seem to be indicated in hemorrhage unless the patient was in a state of absolute collapse. The heart rhythm is slower after its use owing to the stimulation of the inhibitory center, but the rise of blood pressure would seem to more than counterbalance any good this might do.

*Alcohol.*—The use of alcohol in cases of hemorrhage is generally deprecated by recent writers. As a matter of fact, the whole problem of the action of alcohol is more or less *sub judice*. We know that in fevers it will frequently slow the heart, which action is probably brought about by lessening the cerebral excitement. This action might be of distinct use in hemorrhage. The drug in therapeutic doses produces but slight fall in blood pressure. There is some widening of the blood paths, but this is not great. Taking the evidence under consideration, the employment of alcohol in cases of severe hemorrhage (shock) may rest with the personal preference of the physician. A good deal has been said on both sides.

*The Purgatives.*—The employment of purgatives is recommended in certain forms of bleeding, as in pulmonary and cerebral hemorrhages, as a satisfactory means of lowering the blood pressure. When the need is imminent, as in certain cases of apoplexy, venesection is preferable, and it is a mooted question whether the physical and mental strain induced by purgation in general will not more than compensate any good that may follow such treatment.

*Salt Solution.*—Isotonic salt solutions

(0.6 to 0.9 per cent) are administered with excellent immediate results when the body has lost considerable blood or other fluid. Such solutions, by whatever route administered, are absorbed rapidly and are unirritating. The rapid improvement in the circulation which follows their employment is due to the mechanical effect of the increase of fluid, but they do not stimulate the heart directly.

*Calcium Chloride.*—Within the past ten years calcium chloride has gained considerable reputation as an internal hemostatic, it being claimed by Silvestri, Wright and others that its administration distinctly increases the coagulability of the blood. Wright, however, emphasizes the fact that after the dose is given in full dose for a number of days, from 30 to 60 grains, thrice daily, a reverse effect is produced. G. Gross and others have used calcium chloride in bleeding from the uterus, administering it both internally and by vaginal douche. It is a common practice among surgeons to use it routinely for a few days prior to operation on such organs as the liver and pancreas, it being claimed that this checks the hemorrhagic tendency quite effectually. The clinical evidence of its value is far greater than the pharmacologic evidence, it being urged that the coagulability of the blood can scarcely be increased by the administration of the lime salts, since more is taken in the food than is sufficient for the organism, and the chloride is not more easily absorbed than the combination present in the food.

*Gelatin.*—The Chinese and Japanese have used gelatin as a hemostatic for hundreds of years, and among western clinicians it has come into general em-

In severe cases it may be necessary to resort to small hypodermics of morphine to control the vomiting.

Diet and hygienic living are essential in the curative treatment of this condition; nervous stress to be avoided.

ployment since its recommendation by Dastre and Floresco in 1897. The drug may be used either by mouth or rectum, or hypodermically after thorough sterilization. It is claimed by many to possess a coagulant action on the blood, but so eminent an authority as Cushny states that there is no satisfactory evidence that the clotting is accelerated by its use.

In the articles whose authors concede the hemostatic action of gelatin there is not a satisfactory explanation for the effect. Zibell believes it to be due to the lime salt contained, 0.6 per cent being found. This is a very small amount to account for such action. Edsall suggests that the increase in coagulability is brought about by the more rapid formation of fibrin ferments, owing to the destruction of the red blood corpuscles. Certain oils, notably turpentine and erigeron, while possessing no distinct hemostatic qualities, may yet act beneficially by their local constricting action in certain cases, as in intestinal hemorrhage of slow oozing character.

#### CONCLUSIONS.

In conclusion, it is necessary to bear in mind that the direct indications for treatment vary with the individual case. These indications include the source of the hemorrhage, the condition of the circulation and the amount of blood lost. In cases of total collapse, alcohol and strychnine would probably prove of value. Fainting from loss of blood may not in itself be an indication for medical treatment, for we know the value of this condition in inducing thrombosis.

The use of the vegetable and mineral astringents in those cases in which the bleeding point can not be reached directly, is highly illogical. The same is true of the use of the mineral acids. Aconite

approaches the action of this group on the circulation, without the untoward local effects.

Ergot seems distinctively harmful in pulmonary hemorrhage, and from its action can scarcely prove of any value in other than uterine bleeding.

Hydrastis has some value in similar conditions. The susceptibility of the splanchnic area to vasomotor influence might be utilized by administering hydrastis and strychnine in bleeding of this region.

I have never seen noteworthy or conclusive results follow the employment of gelatin or calcium chloride. Normal salt solution is undoubtedly a valuable agent, and immediate response often follows its use. I have had poor success with suprarenal extract administered for its internal hemostatic effect and believe that the indications for its employment are distinctly local.

There is great reliance to be placed on rest and quiet for the patient who is bleeding, and often this will suffice. Collateral measures, ligation of the limbs, change of posture, etc., are of great service. Next in importance I should place morphine to induce quiet. In those patients whose circulation is powerful, aconite is of unquestioned value. In gastric hemorrhage, there is a great tendency to employ the astringents. It is well to mention the impossibility of their reaching the bleeding point, the stomach being filled with blood and often with partly digested food. Suprarenal extract, while at times serviceable in such conditions, may fail for the same reason. Many of the drugs advised are nauseous and should be especially avoided; emetics or drugs disturbing the stomach are only likely to cause in-



Most valuable remedies for the condition are sodium salicylate and sodium benzoate; correct constipation of course.

LaFetra says bronchial asthma is not uncommon in children; some cases due to bronchial spasm; others to local congestion.

creased bleeding, owing to the physical strain of the emesis.

This very brief and incomplete review has been presented to emphasize the fact that we have not at hand a single internal hemostatic, the value of which is generally conceded; to show further that many of the agents employed do far more harm than good; that many are positively dangerous, and that a careful study of the individual case will generally show that very little drug treatment is indicated or can in any way do good. The physician is not certain in a particular case whether he has in any way aided Nature in her efforts to check the bleeding.

The claims made for suprarenal extract, gelatin and calcium chloride have not, in my experience, been borne out by fact.

Philadelphia, Pa.

#### DISCUSSION.

DR. WILLIAM J. ROBINSON, New York City, agreed with Dr. Coley that opium or morphine is of great practical value in internal hemorrhage, especially combined with a little atropine. He considers ergot unsuitable in hemorrhages from the lungs because it causes a rise in pressure in the pulmonary circulation. In gastric hemorrhage good results may be obtained from large doses of bismuth subnitrate, half an ounce at a dose. The patient should be kept in a reclining position and the stomach kept at rest. Aromatic sulphuric acid as an astringent is not safe in pulmonary hemorrhage, nor in gastric hemorrhage. In some cases of epistaxis that show great resistance to treatment, the bleeding will stop after the application of peroxid of hydrogen. Applications of fluid extract of hamamelis generally will control hemorrhage. Two hundred Cc. of gelatin injected into the back stopped a pulmonary hemorrhage which had resisted all other treatment. The patient died a few hours

later and the pulmonary cavity was found filled with a large recent clot, showing the effects of the remedy. A number of cases are on record in which the use of gelatin was followed by recovery. One case of hemophilia was cured by gelatin, the treatment extending over six months. Dr. Robinson called attention to the great value of *veratrum viride* in hemorrhages; it does not act as an astringent; it lessens the peripheral resistance and lowers the pressure in the area around the point of hemorrhage.

DR. WILLIAM F. WAUGH, Chicago, suggested the use of atropine in addition to other therapeutic agents, as by its means the blood is directed to the peripheral vessels and cannot flow from the wound at the same time. The life of a boy, with a pistol wound and apparently dying of hemorrhage, was saved by giving nitroglycerin to attract the blood to the capillaries, and atropine was given to keep it there. This was all that was needed. The action of hydrastinine is so slow as to exclude its use in all hemorrhages except those due to capillary oozing; it is not to be relied on in sudden uterine hemorrhage.

DR. W. C. ABBOTT, Chicago, emphasized the value of morphine, especially when combined with a little atropine, in pulmonary hemorrhage. Atropine relieves pressure and the morphine relieves the irritation in the respiratory organs, and quiets the patient. Therefore, the dose of morphine should be very small and that of atropine relatively large in order to produce the best effect. It is probably the fact that the arterioles around the area of hemorrhage are contracted by the effort of Nature to stop the hemorrhage. There is also a mental unrest and fear of bleeding to death, which by suggestion increases the condition. The morphine, therefore, aids the atropine in drawing the blood away from the part. The combination has no hemostatic action in typhoid fever.

DR. HORATIO C. WOOD, JR., Philadelphia, said that in a case of external or of internal hemorrhage the object of



Tartar emetic, ipecac, nitroglycerin and atropine are the remedies recommended by LaFetra for asthma in children.

LaFetra has found adrenalin of much value in some cases of asthma; instillation of a solution of this into nose may do the work.



treatment is to permanently close the bleeding points with a clot. Therefore, any drug which causes increase of blood pressure does harm. The only reason that more patients are not killed by ergot is because it is used in too small doses. Atropine is equally with ergot contraindicated in hemorrhage; it elevates internal pressure more even than does ergot. Nature stops hemorrhage by lowering blood pressure until the blood has had time to clot. For this reason aconite in small doses may be useful. Stimulants may be of value, not, however, to check the bleeding, but to sustain the heart. Dr. Wood believes that gelatin is of great value in increasing the coagulability of the blood, and pointed out that all the colloidal substances possess this property. One reason why gelatin sometimes fails is because it is not used properly. In a Philadelphia hospital, a patient with typhoid fever had hemorrhage from the bowels. One-half an ounce of gelatin was ordered given every hour until relieved. The next day the same hemorrhage was going on, and it was found that a tablespoonful of ordinary prepared gelatin had been given, which contains about 3 per cent of gelatin. Half an ounce of the dry gelatin must be given in order to have any effect.

DR. HENRY W. COOK, Richmond, Va., emphasized the danger of giving stimulants to persons with hemorrhage. A patient who was very badly injured and in shock from hemorrhage was given adrenalin, which caused a rise of blood pressure, but disturbed the clot; bleeding returned and he bled to death in ten minutes. Vasodilators may push the patient over the border line and cause death. Tentative treatment until the patient is over the danger point is the best treatment.

DR. W. B. ROBINSON agreed as to the value of gelatin in increasing the coagulability of the blood. When administered to a dog, the blood drawn will coagulate in ten minutes, while the blood from another dog, without gelatin, requires half an hour. It should be re-

membered, however, that the gelatin should not be cooked when given for this purpose, as by cooking it is converted into a different substance.

DR. ABBOTT disagreed with Dr. Wood, who said that atropine is not a remedy to give in internal hemorrhage. Dr. Abbott said that his views were derived from experience at the bedside. The increase of pressure at the point of hemorrhage will be overcome, if there is dilatation elsewhere, by the use of atropine.

DR. C. E. DE M. SAJOUS, Philadelphia, asked if some of the authorities quoted do not state that the action of the atropine is exercised on the arterioles. He said that this would sustain the contention of Dr. Abbott. One would have, in that case, to recognize the fact that the arteries are supplied with a muscular coat while the capillaries are not, and that the bleeding area could thus be deprived of blood and the hemorrhage arrested merely through contraction of the arterioles.

DR. HORATIO WOOD, JR., replying to questions, stated that the effect of atropine is demonstrable by placing a canula in a dog's artery. After giving atropine the blood pressure goes up, because the small arteries in the interior of the body are contracted. Atropine acts particularly on the arteries and very little on the veins; but the great danger is from arterial hemorrhage. Too small doses have no effect.

DR. ABBOTT said that while Dr. Wood gives atropine and gets internal rise of blood pressure, he claims that vasomotor influence sends the blood to the periphery and equalizes the circulation throughout the body.

DR. O. T. OSBORNE, New Haven, Conn., declared that one of the greatest dangers in internal hemorrhage is the contraction of the peripheral vessels, due to the fear of death. Atropine and morphine will produce peripheral flushing and will always help these cases.

DR. T. L. COLEY said that while morphine has no specific action in cases of internal hemorrhage, it allays the patient's restlessness, thus inducing condi-

Jordan (*Bull. Gen. de Therap.*) has had good results in various sore throats from the application of 1 to 4 per cent sol. of formaldehyde.

Coley says that antipyrin is an astringent only when used locally; taken internally it depresses the heart.

tions favorable to clotting. The use of bismuth in gastric hemorrhage is open to the same objection as the preparations of iron. In the presence of masses of food particles and blood clots the astringent action would, in the average case, be valueless and the mechanical effect slight. Washing out of the stomach in cases of gastric hemorrhage to remove the offending material is a step too fraught with danger to be employed with safety. The use of atropine seems to Dr. Coley to be contraindicated from its physiologic action—the rise of blood pressure which follows its administra-

tion. Clinical evidence is extremely unreliable in estimating the value of any treatment for hemorrhage. It is very difficult to calculate the extent of internal bleeding or the effect of a given drug. In a case of intestinal hemorrhage in typhoid fever several drugs may have been employed and we do not know which of these, if any, has produced a favorable effect. The spontaneous effort of Nature must not be overlooked. A second patient may recover from severe intestinal hemorrhage without having received any drug treatment whatever.



### THE REMOVAL OF PIGMENTARY NEVI AND CHLOASMA.

BY C. S. NEISWANGER, M. D.

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WHILE this particular field has been boldly invaded by the surgeon and dermatologist for many years past, the fact remains that little has been done for the relief of the unfortunate possessor of these unsightly blemishes. The advance made, however, in the medical and surgical uses of electricity has made it possible to relieve those thus affected, and while the methods about to be given may not be new to some of you, the results obtained from their use by the writer encourages the belief that they might be elaborated by others more skilful.

*Nævus vasculosis*, commonly known as wine-marks, fire-marks, etc., consists of one or more spots from the size of a pin-head to one sufficiently large to cover the side of the face. They seem to be composed of a congested mass of capillaries just underlying the epidermis, slightly raised or level. In summer they assume a bright red color, while in winter they are blueish.



Never inject more than four ounces at a time into the bladder and always use care in this.—*Med. Summary.*

It is highly important that these marks should be obliterated, especially in persons of strumous diathesis or who present a history establishing a tendency to malignancy.

Cases have been reported in which numerous nevi were found at the same time with melanotic sarcomata (Jablonskoff), and nevi themselves may develop into malignant tumors, especially after the influence of any external irritation (Benzler).

While it may be purely coincidental, the writer has observed that, in nearly every case of malignant disease he has treated, the patient exhibited a more or less extensive growth of nevi, and, in numbers of cases of small nevi about the face, that remained entirely benign for several years, they finally developed into epithelioma.

For purposes of convenience, with reference to treatment, we shall divide the cases into three groups, according to age, viz.: infancy, youth and maturity,

Severe vomiting should always suggest the possibility of strangulated hernia; make a careful local examination.

and for further convenience, subdivide these as to character of lesion, viz: those that are elevated and those that are not.

According to Hager and other eminent authorities, these marks are due to an overgrowth or overstimulation of the part, and although they are generally considered congenital, they are not always apparent at birth, or if they do so appear, they are usually so small as to oftentimes escape detection, commencing with a spot not larger than the head of a pin, but increasing in size as the child grows, until they oftentimes cover the greater portion of the face.

The reasons, then, for the early removal of these blemishes will become apparent, because we can well understand that the same process that will remove them in the infant will have little effect upon the mature person. We shall, then, consider first the best methods to be employed in the first category—the infant.

These blemishes come distinctly under the head of benign growths, and the chief characteristic of such growths is that when their nourishment is interfered with they retrograde. They are rich in nourishment, having nerves and vascularity galore, and when the supply is interfered with or shut off, they die, as it were, of anemia. Pressure alone will do this, but as it is both inexpedient and unsatisfactory to employ compresses on a child so young, we have to devise some other means. The writer directs the mother to paint the spot daily with a solution of ichthyol in good, strong *contractile* collodion. This may have to be kept up for several months, but the reward comes when the mark entirely disappears. While this process works admirably when the mark is not elevated,

it is not so successful in the raised variety, for which the writer uses the following process:

The child is put to sleep and a well-wetted pad, the size of the hand, is placed upon the abdomen and attached to the positive terminal of a galvanic battery. To the cathode is attached a short needle holder, in which is fastened a suitable needle—generally a long, slim one, from which the temper has been drawn. After the seat of operation has been cleansed and the needle drawn through an alcohol flame, it is passed *almost* through the mark, superficially, and parallel with the epidermis. The amount of current employed depends upon the distance the needle has been inserted, but usually is from  $\frac{1}{2}$  to 8 milliamperes, which is maintained until the usual blanched appearance indicative of decomposition is obtained. In like manner we attack every portion that is red, introducing the needle as many times as is necessary for the purpose.

The part is now dusted with boric acid, or other dry antiseptic, and in about a week a dark crust will cover the whole area. This should not be disturbed until it is almost ready to drop off.

If the mark has not been very large, the resultant scar will be almost entirely absorbed in a few months, and even where the surface operated upon has been considerable, the scar will not be very noticeable in a year, because, it must be remembered, that the caustic action of the negative pole is very similar to that of any of the *alkaline* caustics, leaving a soft, pliable cicatrix that is easily absorbed.

Passing now to the second group—youth—it must be borne in mind that



Potter suggests the use of a  $7\frac{1}{2}$  grain dose of sodium salicylate to abort a cold; try aconitine, atropine and calcium iodized.

Mays gives capsicum in large doses in the treatment of alcoholic pneumonia; this is a good remedy for quick stimulation.

the lesion is not only of greater area, but has also involved the deeper structures, and while it may be removed by the needle, as described above, the resultant scar is much more dense and not likely to be entirely absorbed. If the mark is not elevated, it is best to employ the following method, which has proven very satisfactory in the hands of the writer:

Antim. tart .....1 part  
 Soap plaster.....3 parts  
 Green soap .....1 part

This is spread thickly—1-12 inch—on adhesive plaster, leaving an adhesive edge to facilitate holding it in place. Being placed upon the mark, it is pressed down firmly to insure good and even contact. It must then be frequently examined, and just as soon as active escharotic effects are evident—which is from three to five days—the plaster must be removed and the surface dressed with

Zinci oxid .....gr. 20  
 Cold cream .....dr. 4

When the surface is healed the mother-mark will have disappeared.

This brings us to the third class, in grown persons, when the mark has still further involved the deeper structures, and making its removal much more difficult. In this class we employ the x-ray, and while the experience of the writer has been limited to two cases, the results in these cases have been all that could be desired. We have also been reliably informed that the x-ray has been successfully employed for this purpose in a clinic in New York City, and while the writer does not claim priority, he had never heard of its being used for this purpose before the treatment of his first case.

If—as has been stated by eminent dermatologists—these marks are due to an overgrowth or overstimulation of the part, and if—as we know—the x-ray sets up some necrotic process in the underlying tissues, then we can see a strong indication for its use.

In making exposures of these marks to the x-ray, the writer always uses a mask of sheet lead, cutting out a window the proper size and using a medium low tube at a distance of eight inches. The first treatments are given daily, from three to five minutes in duration. After the tolerance of the patient is established the time is gradually lengthened to eight minutes and the sittings suspended as soon as an irritation is produced, to be resumed in about one week as before, if the irritation has subsided.

#### CHLOASMA OR LIVER SPOTS.

Although commonly called "liver spots"—which would naturally induce the belief that the direct cause was in the liver—the proximate cause is altogether unknown.

Ziemssen asserts that they are really connected in some manner with the functions of the genital apparatus, and has noticed that in women suffering from some uterine diseases and affected with chloasma that, with the recovery from the former trouble, the latter likewise disappears. The experience of the writer, however, seems to partially, at least, disprove this assertion because he has treated a number of cases that were either congenital, or appeared at such an early period in life as to almost preclude the possibility of uterine or genital disturbance.

In removing these blemishes the writer has been quite successful by the use of a French process termed "ecorchement."



Andruss (*Med. Brief*) gave agaricin in two cases of chorea with excellent results; homoeopathic dosage.

E. P. Davis recommends the turpentine chest pack in the bronchitis of infancy—long turpented flannel, covered by dry flannel.

This has been employed in the Hospital St. Louis, Paris, for some years for the removal of chloasma, acne and like skin lesions, and, many of my readers will be glad to learn, is almost a certain specific for chronic eczema.

As this process has heretofore been a well-guarded secret and therefore not known to most of the profession, it is here given in full.

The treatment is divided into two parts, the first acting as a dry escharotic, destroying the epidermis together with the pigment underlying, which is replaced by a soft and pliable new one that is without blemish. It takes about ten days, does not destroy the hair when applied to the margin of the scalp, and leaves no scar.

The first part of the process is as follows:

Resorcin .....	40 parts
Zinci oxid C. P. ....	10 "
Acid salicylic .....	2 "
Lard .....	20 "
Olive oil .....	8 "

As the writer can trace many poor results to the careless compounding of this prescription, he wishes to urge upon those who would give it a trial, the importance of the intimate intermingling of the ingredients. Rub up the resorcin in the mortar until all the crystals are thoroughly broken down; mix well with the salicylic acid and zinc oxide and *do not* substitute vaselin for the lard.

This is rubbed on the part to be treated twice a day, until the skin assumes a cracked and dry appearance, just as if chapped, which generally takes four or five days, then the part is carefully washed with a sponge and soap to remove any residue of the ointment and,

after being thoroughly dried, is ready for the second part of the process.

This consists of a paste very similar to our old surgical glue and, as the writer has always prepared it extemporaneously, the quantity of ingredients here given are only approximate:

White gelatin .....	oz. 4
Zinci oxid. ....	dr. 2
Glycerin .....	gtt. 15
Aqua bullient .....	q. s.

This should be prepared on a water bath by first adding sufficient water to dissolve the gelatin, then stir in the other ingredients. It is applied hot, using for this purpose an ordinary paint brush. Before this has had time to dry it should be covered with a sheet of absorbent lint and another coat of the gelatin paste applied over the lint.

In two or three days this mask becomes loose around the edges and may be removed—the dried skin, together with all discolorations, coming off with it.

Chicago, Illinois.

—:O:—

This is a most important paper. We are sure that every CLINIC reader will read and re-read it till he has mastered the important facts which Dr. Neiswanger has given us. It contains some hints that are worth a great deal to the doctor who is intent upon picking up some of those "loose ends" that are so common in every community—and spell success for the doctor! The man who can treat successfully those intractable cases of acne, chloasma, eczema and nevi, will not have to "go begging" for a practice. We hope to have some more articles from Dr. Neiswanger.—Ed.



Cypress oil is the latest remedy for whooping-cough; the oil is poured on the patient's pillow or clothing.

MacLellan applies castor oil to burned surfaces, first cleansing as well as possible; gauze soaked in the oil used.



# Editorial Chat

## PUSH AND CONCENTRATION.

IT is well to remember that every man can, to some extent, be what he wants to be. It is not absolutely essential for him to have unusual abilities or wonderful "gifts." The larva of the beetle in a little hole under the bark concentrates his efforts upon gnawing a hole and, before he dies, he has made a tunnel which is many times greater, comparatively speaking, than the New York subway. *Concentration invariably brings success.* If one concentrates his thoughts and energies upon a trivial or worthless subject he will accomplish something trivial or worthless but, just the same, he will have accomplished something.

The man who believes in himself and his work, and who concentrates every faculty upon what he is about, will compel others to accept him sooner or later at his own valuation. If you have been observant, you will have noticed that some men have everyone doing things for them—following them, echoing their opinions, copying their ways. These individuals really may not be superior to those who worship at their shrine, but they concentrate their personality and absolutely *make* people believe that they are "great men." Concentration and force of character go together; no man ever made a success worth while who tried to be several things or who attempted to attain many ends at once, or did not give those about him a fair deal.

There is too much division of force, a lack of dynamic cohesiveness, too much

"shot-gun" work. The physician must, of necessity be, for a while, a man of adaptability—he has to fit himself to surroundings and circumstances; but once he has found his proper place—his sphere, his special adaptability, *metier*, as the French express it—then, if he would win the top rung of the ladder, he must concentrate his efforts to this thing. If he is surgically inclined, with opportunity to do operative work, he must keep his mind, his fingers, and his senses ever upon the surgical whetstone. Let him leave the fields of anatomy, pathology, technique and kindred subjects for others and he will find someone passing him—some man, inferior perhaps in real ability and knowledge but possessed of more concentrative capacity. Only by the most constant attention to minutiae can a man hope to become perfect—or at any rate appear perfect enough to be looked up to as a "leader."

Technique changes constantly; that which was good today is *passee* tomorrow, and it is only the man who was at the front yesterday who *is* there today and who *will* be there tomorrow. He it is, who, watching every move, noting every action, can hope to be among the wearers of the laurel. Find the right spot, concentrate (point) your energies and stick, work with all your might [I am writing this at 4 a. m.] and you will win!

Once in a long while Fate seems to play tricks and we see a man—someone who has never been really seriously con-

sidered—do something which causes the world to stand still with astonishment. "No concentration about *him*," you will say, but examine closely into the matter and you will find that the man—hare-brained though he may have been in matters generally—gave thought, and constant thought, to this one thing. As a result, almost to his own surprise, he accomplishes something and does it quickly. His concentration was diamond-pointed and was applied with the momentum of great intensity! There may be exceptions to the rule but if there are, they but serve to prove it.

Even at the bedside it will be the practitioner who concentrates his whole energies upon the case before him who will make the clean diagnosis, who will lay down the exact treatment and "bring out his case in good order." The debonair, talkative, exceedingly polite physician may please patient and relatives best for awhile, but when it comes to a matter of life and death—when a slight mistake may mean destruction—it will be the cool, silent man who percusses, auscultates and percusses again and who takes respiration, pulse and temperature twice, or even three times, who gives confidence and who finally passes the sentence which means everything. It is he who will impress the patient and family with his ability, whose *ipse dixit* will go unquestioned, who will rarely be asked to take cover, and who will rarely suffer the indignity of being dismissed from a case for another as a shifty, forceless, shilly-shally man so often is—and *ought always to be!*

To do things one must know *how* to do them; to know how one must have learned, and to learn it is necessary to give attention, to concentrate the

thoughts and faculties and very personality upon the subject, thing or person he may be dealing with. Be able, do this and the results will be what they should be. You will succeed!

In life, as in medicine, it is the active principle which wins. There can be no better watchwords for success than "Push" and "Concentration."

Let's all push to put therapeutics and the real doctor right to the front. Let's try it for a year!



#### PROPRIETARY MEDICINES.

From among the many good things in the December *Summary*, we quote the following, with the gist of which we heartily agree:

It is pretty generally conceded, the world over, that every man has a right to have his own opinion and to follow that opinion so far as he chooses, *unless*, in his enthusiasm he begins to transgress upon the inherent rights of other men, or to attempt to prevent other men from exercising the prerogative he himself claims. This axiom of liberty should hold just as logically in medicine as in politics or religion, and this is the principle we believe in following. There has been a great "hubbub" over the matter of using proprietary medicines. Personally, we use them when we wish to. However, a certain element in the profession will not use them, and in taking this stand they are only assuming what we concede as their right and privilege; *but*, they go farther and attempt to keep others from using them, and indeed are contemplating an effort to annihilate the proprietary remedy from the face of the earth. It is easy to show that such action would be a misfortune to medicine, for there are certain proprietary medicines which cannot be duplicated either in effect, appearance, or elegance, by extemporaneous preparation in the most expert hands.



Heinrich Stern (*Med. Standard*) finds calcium carbonate the best remedy for diabetic coma; given by mouth or rectum.

Davenport says (*International Clinics*) that antelexion, especially with conical cervix, is the most common cause of dysmenorrhea.

There is an association known as "The American Association of State Medical Journals," and at the last session held in Atlantic City, last June, the following principles were proclaimed: (a) No journal of this association shall accept an advertisement of a medicine which is not ethical, and "ethical" shall mean that the product advertised shall have published with it not only the names of its constituent parts, but also the amount of such constituents, so that a definite dosage can be determined. Further, such product must not be advertised to the laity. (b) If a product is marketed under a copyright name, the manufacturer shall furnish with it the proper chemical name, and if not patented, then also the process of manufacture. (c) All advertisements not covered by the above paragraphs, or which contain extravagant or improbable claims, shall be submitted to the executive committee for approval before they can be accepted.

It is well known that few of our "State" journals have a phenomenally large circulation; in fact, it is admitted that very few of them have many *bona fide* subscribers who voluntarily pay their subscription price. These journals are kept up by the funds taken from the treasury of the fostering State society. Such journals could continue to exist if they never printed an advertisement; if they never announced anything new; if they were solely made up of clippings from other journals; if they never entered a name on their subscription list outside their own State society; but, what excuse would they have for living. Of what benefit to medicine or to progress in medicine would they be when so emasculated?

A certain man has, by long extended experience, discovered some special manner in which certain drugs can be combined so as to exhibit special virtues in palatability or therapeutic efficiency. He offers his preparation at a fair price. He tells what enters into its composition. In some instances he names the amount of each individual ingredient. Has not this man a right to the fruits of his toil? Has

he not a right to keep his preparation before the profession by advertising? The Association of State Medical Journals would deny this right. Very probably, if the proprietor of this combination were to state "the process of manufacture," few, if any pharmacists could duplicate his product. In some cases special machinery is required; in others an amount of time is consumed in combining, ripening, filtering, etc., which would drive any pharmacist to despair, drink, or deceitful manipulation of the ingredients, and the result would fail to represent properly the virtues which the preparation should embody.

The vote was not taken on the principles which The American Association of State Medical Journals proposed, and the matter was held over until the meeting to be held in Portland next year.

As an editor, we believe we have the right to accept such advertisements as may appeal to us as likely to accrue to the benefit of the medical profession, and as a practitioner of medicine we claim the right to employ any agent or combination which seems to us to be indicated in the treatment of any given case.

In one essential particular Dr. Andrews is wrong, while, if he had put the word "secret" before "proprietary," reading, "*An effort to annihilate secret proprietary remedies*" [would to God we could do it], he would have been right. To his question, "Has not this man (the manufacturer) a right to the fruits of his toil?" we most emphatically answer yes! but not to practice medicine for the doctor. We prefer to do a little thinking ourselves.

As to the State Journals, we are deeply interested and with the real foundation idea we are fully in accord. As to whether the mesh of their sieve is too fine or not we will wait and see; but this we do know, we stand for that which will elevate the medical profession, for that which will give them their just dues and



In bronchopneumonia Solis-Cohen gives small doses of amyl nitrite, ammonium carb., strychnine and quinine.

Silas Hubbard (*Med. Brief*) attributes rhus poisoning to the transfer of a non-volatile substance through the medium of insects.

for nothing else. As best results only mark the high notch in the scale by which we should judge, so absolute freedom of choice should be held to be the inalienable right of the doctor: The Smallest Possible Quantity of the Best Obtainable Means to Produce a Desired Therapeutic Result.



### THE ARTIST'S SECRET: THE WAY TO SUCCESS.

There was an artist once and he painted a picture. Other artists had colors richer and surer, and painted more notable pictures. He painted his with one color; there was a wonderful red glow on it and the people went up and down, saying, "We like the picture, we like the glow."

The other artists came and said, "Where does he get his color from?" They asked him and he smiled and said, "I cannot tell you;" and worked on with his head bent low. And one went to the far East and bought costly pigments, and made a rare color and painted, but after a time the picture faded. Another read in the old books, and made a color rich and rare, but when he had put it on the picture it was dead.

But the artist painted on. Always the work got redder and redder, and the artist grew whiter and whiter. At last one day they found him dead before his picture, and they took him up to bury him. The other men looked about in all the pots and crucibles, but they found nothing they had not. And when they undressed him to put his grave-clothes on him, they found about his left breast the mark of a wound—it was an old, old wound that must have been there all his life, for the edges were old and hardened; but Death who seals all things had drawn the edges together and closed it up.

And they buried him. And still the people went about saying, "Where did he find his color from?" And it came to



Treating of scarlet fever and diphtheria, R. J. Smith (*Med. Brief*) says that as a stimulant brucine acts beautifully in children.

pass that after a while the artist was forgotten—but the work lived.

—*Olive Schreiner.*

What a lesson there is in this little story! The story of those other artists who failed is the story of human nature, of the effort to win success merely by imitation—and yet, somehow, such efforts always fail. The artist went quietly along with his work, suffering doubtless from envy, misrepresentation and abuse, but never deviating from the fixed purpose of his life. And all the time he was drawing, from the bleeding wound in his chest, his heart's blood and putting it into his great work until it became at last—*himself*.

It is not enough to be merely *like* some successful man, to counterfeit his work or imitate his talents or his personality. If you would achieve something really worth while you must have ideas and ideals of your own, and you must be willing to pay the price of success—which is *always* one's heart blood. Nothing really valuable ever came to a man without travail of body or agony of mind. To succeed, a man's energies must be centered upon his work; it must absorb his life, even to the exclusion of ordinary pleasures, and out of it, as his greatest reward, he must draw the supreme satisfaction of creation; and he must love his work. Get rid of the idea that success depends upon luck or upon genius; the former is a delusion, the latter almost a negligible thing. Success depends upon the capacity for work, and a love for that work—putting your whole heart into it.

The doctor, more than any other man, must give his heart's blood for success. In the battle to save life he must tap

Please, Doctor, Lizzie's got the mumps; and mother wants to know how much you'll give her to spread it all over town.

the wound upon his chest and draw therefrom the pigments which will vitalize with the flush of health the pallid form of his patient, and the pigments are work—infinite, eternal, consuming—and the love for work that comes of fitness and preparedness. Doctor, success in your profession depends upon what you put into it far more than upon what you get out of it. Put in some of your heart's blood!



### THE LATEST BUG-A-BOO!

One of the most distressing features of the present discussion as to pneumonia, its prevalence, incurability, etc., is the effect the pessimistic statements of many writers may have upon the average doctor. The "scientist" and "literary sharp" fill the journals with long, technically-worded articles tending to prove that pneumonia is beyond the reach of medicine. The men who write these articles, often at least, are not in general practice; many of them have gleaned such knowledge as they possess about the disease from books and lectures.

Others are "big men" in hospitals and we all know what kind of "timber" they have to work with. We also know just how much individual attention the "big man" pays to a hospital case. He treats pneumonia in the abstract (and by the dozen!), trusts the carrying out of his instructions to others and forms an opinion from the net results. That isn't the right way to understand pneumonia—or any other disease. The man who knows what to do—the man who *can* cure pneumonia—is the one who sees case after case of it every year; who watches every phase of the malady, not

in one patient but in men and women of all ages and classes, and in well kept or poorly fed children. In one case he sees the beginning of the attack; in another he is called when the patient begins to spit "prune juice," and takes charge of a third patient when life is almost extinct. To a man like this, pneumonia is no puzzle.

He recognizes it as a disorder that calls for all his skill and realizes that a certain percentage of those attacked will die—just as people must die from other diseases. But he knows the symptoms which are inevitably present and has learned how to meet them; he has found out that he must sustain his patient's vitality, render him therapeutically "clean," and either prevent or relieve as rapidly as possible the congestion and hepatization of the lung. He accepts, as the probable cause, infection by the pneumococcus of Frenkel, but doesn't let the bacteriology of the subject bother him a moment. He knows that this germ and others are present in nine out of twelve people's mouths and nares and that, given inflamed bronchi, the presence of abnormal secretions and some derangement of vitality, exposure to unfavorable atmospheric conditions is apt to result in pneumonia.

He also knows that this disease, like the measles, is "always with us," but that in certain seasons, when vitality is lowest, the malady is more prevalent. All this and more the average practitioner knows and, if he be a student and really a *physician*, he treats his cases according to the conditions which he finds in each, and therefore cures a large proportion of them. The young man reading the dismal productions of the journal writers gets into a blue funk when confronted



Minnesota has proposed a cocaine law, restricting sales to physicians' prescriptions and requiring reports of sales.

The cocaine laws are bearing fruit, in prosecutions and fines for those selling this drug to users without prescriptions.



with a case of pneumonia and from very fear lets the patient die. The experienced doctor who knows what to do, does it and makes no bones of the matter either; he isn't worrying about the "unstoppable ravages of pneumonia" for the simple reason that he stays it by using common-sense treatment. There are many bug-a-boos in medicine and this is one of the latest. Don't let it scare you!



#### RHEUMATISM—YOUR EXPERIENCE. PLEASE.

We learned so many interesting things from the discussion of malaria which ran through several numbers of the CLINIC, that we want to get a similar expression of opinion concerning rheumatism. There are few diseases which present more points of interest than this. Neither its cause, nor its pathology is very well understood as yet, and there is a wide difference of opinion concerning the best method of treating it. We are sure that if the problem is taken up by the CLINIC family we shall all get a wealth of good things out of the discussion. Here are some of the questions concerning rheumatism that we would like to see answered:

Does it occur in epidemics or have you any reason to believe that it is contagious or caused by a germ?

Do you believe, from your personal experience, that uric acid or similar bodies play a part in its causation?

What is the influence of meat eating or vegetarianism upon its production?

What influence has intestinal indigestion in the production of rheumatism; or what torpor of the liver?

What unusual expressions of rheumatism have you observed; for instance,



Remember that headache may be organic—due to meningitis, brain tumor, brain abscess or trauma, brain syphilis, etc.

have you noticed any connection between sore throat, eczema, chorea, asthma and rheumatism?

Does the salicylate treatment give you complete satisfaction in your cases? How about late cases?

How do you like colchicine and how do you give it to get the best results?

Who has had experience with rhumatism, or other agents? What are the indications for the different antirheumatics?

Tell us your experience with the uric-acid eliminants.

What is the difference in treatment between acute and chronic rheumatism?

These are merely suggestive. The main thing is to write us your experience. Doctor, do it please, and do it now!



#### THE LITTLE THINGS WHICH MAKE ONE GREAT.

As a man grows older, as he gains experience and attains knowledge, he realizes that it is the little things which count. Just as the everlasting pyramids were built up at the cost of an army of men's lives, block by block, into a wondrous and time-resisting whole, so the success which is great enough to endure is made of little things well done.

No man has attained fame who did one great thing and one only. Such a man "may be heard from," as we express it, may occupy the attention of a generation, but the men whose names live are those who did much—did something better than anyone else. We cannot all hope to live forever on the roll of fame but we can by attention to little things attain perfection along our own lines,

Headache of meningitis usually constant and boring, diffuse, with fever; vomiting, photophobia and stiffness of neck.

can make ourselves better than our competitors—superior to our rivals.

The young physician whose sheepskin still rattles in its case hopes to do a laparotomy the first week of practice; his instruments for ovariectomy are keen and bright and he yearns to report a series of cases to the local society. He would do great things all at once. And if he attempts to do these things; if an unkind fate places victims in his hands, he fails—fails because he has yet to learn technique. His mind has been so engrossed with the great operation as a whole that he has forgotten to perfect his sense of touch, to acquaint himself with the minutiae of the operation. His sutures are poorly placed; his ligatures are tied improperly and his asepsis is faulty.

The man who does laparotomies daily is one in ten thousand; to him come the cases which need this operation. He began with little things, with minor operations, such as lancing felons, opening carbuncles and suturing wounds. A natural gift or the power of concentrating his faculties made him successful and little by little he became a great abdominal surgeon. But after all, that is *all* he is. He has concentrated his abilities, "bunched" every talent, and he probably could not relieve a croupy baby nor cure a case of eczema to save his life.

The average doctor must perfect himself in little things. It is these he will meet twenty times a day and the big ones if they come his way will be turned over to someone else. We cannot all do everything; but we can all do the things we set out to do *well*. Learn to give an enema properly, to pass a plug into the posterior nares, and to intubate a croup strangled child. Perfect yourself

in the handling of a hypodermic needle and don't stab your unhappy patient in a vein or nerve. Take opportunity by the horns and when you get a case of "piles," study them and with care and thought inject one; but don't do it till you are sure you have studied out the technique thoroughly. The first thing you know you will have two to ten cases of hemorrhoids a month to treat. Make a blunder at first and you will never get another victim and will write to the journals that the injection method is a fraud—which it isn't.

The same thing applies to hernia. You can cure nearly every case of inguinal hernia (and some femoral) by the injection method. It is as easy as eating—when you once know how. But the little details want attention. Before you operate, invaginate your own scrotum and put your finger into the inguinal canal. Feel the tissues and get acquainted with the direction of the internal ring. See that your needle is sharp and when it is through the tissues prick your own finger to make sure it is in the right place. Don't hurry, run the needle up to the internal ring and then eject the solution. Afterwards see that the truss fits (put it on yourself) and keep the man in bed two days. Examine and inject again lower down the canal.

In short do things as they should be done—as they are done by those who succeed and you too will be successful. Remember one thing: You have chosen to be a general practitioner and therefore it is the little things which you will have to treat first; learn to treat them by the most approved methods and if you set yourself to do so you can do each thing as well as (or better than)



For headache of meningitis try ice bags to head, leeches, wet cups and other counterirritants to neck; morphine for pain.

Brain tumor causes slow, paroxysmal, boring pain in head; often worse at night; ophthalmoscope shows "choked disc."

the other fellow. Probably you will be able to do some one thing extraordinarily well; if you will look matters up you will find that this is the thing to which you gave most attention. Study the little things Doctor if you would be fitted to do the greater.



#### OUR "NOW AND THEN" BEST FRIEND.

The "kicker" wrote me the other day that aconitine was "no good." He had tried it in several cases of fever from acute indigestion with coated tongue, etc., etc., and it did not do business. Of course not! He had neglected to clean out the alimentary canal and stop autoinfection. I told him to do this; he did it. Presto, change! He now says there's nothing like aconitine. Doctor, if you are not up on this point take a tip from this. It is always safe, and usually the wise thing to do in the beginning of all sickness, to clear out and disinfect the digestive tube. It never can do any harm and usually does good; other necessary treatment being rendered more promptly efficient and more satisfactory in every way through the adoption of this expedient. Coal-tar derivatives will cut down fever of any kind but they always depress the vital forces commensurately, while at the same time *they do nothing towards removing the cause.*



#### FOR THE SINGLE AIM.

There lies before us a page torn from a journal that has so many things in it that are good for the doctor, that we are going to take an hour to talk to him about it. This everlastingly driving at you about drugs and diseases at times



For the headache of brain tumor it is necessary to resort to analgesics and counter-irritants; potassium iodide sometimes helps.

gets tiresome to us and presumably to you. Now we are going to talk to *you*, not the doctor; to your Ego, not to its clothes.

"Focus your ability upon one point until you burn a hole in it." When we read Goethe's autobiography we ask ourselves if any man now could successfully direct his activities into so many channels and not fritter away his life. By considering as many things as possible one broadens his views and renders his mastery of any single topic more comprehensive; but in his work he must concentrate; he must withhold his footsteps from many an inviting path and hurry along the chosen one. Side lights are useful; but the beacon light ahead is more important. Do one thing thoroughly, rather than a dozen things in a slovenly manner. Study one case to the uttermost limit of the possible; and you will learn more than some men do from ten years' practice.

"The best way to keep a gun from scattering is to put in it but a single shot." If your study of a case is complete you will recognize the principal deviation from normality; and if you know your therapeutics you will select the one remedial agent that will restore the physiologic balance, and administer it until that balance has been attained. Possibly you may see indications for more than one remedy; if so, give all that are needed; but do not give a whole group that are suitable for the various maladies of the part affected in the hope that one of them may fit the condition present. This is disgraceful guesswork, born of ignorance and laziness; and inexcusable now that more accurate knowledge is within the reach of the physician. The publication of the volume on Alkaloidal

The pain of cerebral abscess is usually localized; very severe and worse at night; fever and chills; history of injury.

Therapeutics has placed a new obligation on the physician, for it has made it possible for him to secure accurate information as to the true action of these remedies. We can not make him study it—his own conscience must and should and we hope will do that.

"Genius is intensity. Digression is as dangerous as stagnation. He who follows two hares catches neither." It is not given to every man to see the one essential point in each case; most of us have to learn by hard knocks and mistakes for which we blush in after times. We prefer the definition of genius as a "capacity for taking infinite pains"—that suits us at any rate, for we have never learned or acquired except by hard work. But singleness of purpose is everything. We rarely hit a duck when two rise close together for we almost invariably fire between them in an attempt to get both.

"Field crossed the ocean fifty times to lay one cable." The man who fails is the one who will let himself be beaten. We are never beaten till we cry enough. Perhaps it is the discipline of defeat that beats into our heads the sense that finally wins; for the most successful men are those who fail a number of times before success finally comes to them. When the spoiled darling of fortune does fail he rarely gets up again—it is an experience that he has not learned to handle. How often we tackled that dread of the city, cholera infantum, before we learned to manage it. It is the man who has the force to get up and take another try at it, who finally gets there.

"Grant said: 'I will fight it out on this line if it takes all summer.'" And no man ever came up against a harder proposition than he—Lee and his sea-

soned Virginians. But there is virtue in grim, dogged endurance; and the lesson has aided many a man since to win.

"In thirty-six years Noah Webster wrote but one book. But that will be remembered." We don't care whether we shall be remembered or not; that bee is not buzzing in our bonnets, but we do hope that some few doctors will be able to say that we aroused them to labors that made them better doctors, that enabled them to save some lives, to lessen the vast mass of human woe and to mitigate a little the burden of human wretchedness. We don't care for any post mortem bouquets. No flowers, please. Send them to the shut-ins. Just let us know when you see a chance for us to do better work ourselves, never mind the hurrahs, and add your mite to the making of better doctors.

"It is the single aim that wins." But let that aim be at an object worthy the consecration of a lifetime of devotion. Take aim at the loftiest mark within your range. Don't bother over the "dicky birds having no breeches."



#### TOXEMIA AND NASAL DISEASE.

We have been reading lately the last edition of Dr. Seth Scott Bishop's admirable book on Diseases of the Nose, Throat and Ear. One fact that struck us was the importance which he gives to systemic toxemias in the causation of the different diseases of these important localities. The recognition of this fact—that nasal and pharyngeal troubles are not simply local conditions to be treated only with the knife or the cautery—is all the more gratifying because it comes from a man whose eminence in his specialty can not be questioned.



The headache of cerebral syphilis is usually constant and worse at night; somnolence and some periodicity.

If there is abscess of the brain the only successful treatment is to go after the pus; give calcium sulphide.

Dr. Bishop was one of the first, if not the very first, to show the relation of uric acid poisoning to hay fever. Accepting Haig's theories he applied them to the treatment of this disease with gratifying success. Investigation showed that during attacks of this disease the proportion of uric acid to urea in the urine was greatly increased. The administration of acids caused the removal of the uric acid from the blood and relief followed. On the other hand alkalies given at this period served to precipitate the attacks. As a preventive measure, again following the precepts of Haig, he found that, as a preparatory treatment, ridding the body of uric acid through the urinary tract could be effected with the lithia salts, salicylates and by various alkalies.

In other forms of nasal and pharyngeal disease Dr. Bishop finds other expressions of uric acid or rheumatic taints. The treatment addresses itself to these, as well as to the general circulatory disturbances and to the local condition. Needless to say it is generally successful. The book deserves special commendation because it treats of diseased conditions in the patient as a whole—gets beyond a nasal spur or an enlarged tonsil and seeks to find the causes for things. For this reason it is a splendid book for the general practitioner. Many a misunderstood condition can be made clear if we will search for a toxic cause. The poison may come from or be formed in the intestinal tract; it may be a retention product due to faulty elimination; or it may be some peculiar expression of poor metabolism. But be sure it is not there, in some form, before you try to stick a pin in your disease and file it away as a peculiar "specimen."

While Dr. Bishop is a specialist of world-wide repute in the branches named, he is something more—a physician, who is aware of the existence of other parts of the human body besides those to which his special practice is devoted. Moreover, he demonstrates the necessity to the specialist of this general knowledge, for he shows how the conditions of the system at large react upon the special organs. Maladies of any organ may have their origin in toxic conditions of the blood, derived from the bowels or elsewhere; and he who treats the local ailment without reference to the general problems of digestion, assimilation, elimination, physiologic equilibrium in a word, is but a poor and limited sort of a specialist. But this Dr. Bishop emphatically is not, and no small credit is his for the example he sets his colleagues in taking this broad view of his subject.



#### "CRANKS," "SNAKES" AND "LIARS."

A peculiar trinity, and, you may say, not an apt one. The "crank," in the ordinary acceptance of the word, is a harmless individual whose ideas revolve around one point—an individual who *may* accomplish things, since he belongs to a class which does, after all, "make the world go round." The "snake," especially he of human form, is certainly a fit mate for the "liar"—indeed the two are often found under the same skin—but certainly these two and the *decent* "crank" should have nothing in common and, therefore, should not be captioned together as above.

Ordinarily this would be an excellent argument, but, here, we wish to deal with three varieties of individuals who alone



Syphilitic headache will yield to antisyphilitic treatment; the iodides are usually given in very large doses.

Remember that epileptic attacks are often preceded by severe headache, and that this may even take its place.



and conjointly work much harm in and to the body medical. And as it will develop, the two worse units could not exist were it not for the tolerance of the less obnoxious one.

Beginning at the end for convenience of exemplification, let us point out that the "liar" is the substitutor, he who gives the doctor "something just as good" as some really meritorious thing for the sake of the additional profit there is in it. He knows, when he substitutes, that he is lying, that the miserable concoction he offers is a fraud and a delusion; he knows that human life often rests in the balance, but he is "after the money," and, if a lie or two will bring it his way, why, the lies must be told; told, moreover, with infinite attention to detail and a wealth of corroborative evidence.

But, after all, the "liar" usually is found out and, while he may flourish for a while, like the omnipresent jimson weed, like that weed, he finally gets discovered and rooted out. Unfortunately there are many of the breed and, as a result, we find today that every really good thing has its imitators, every useful and reliable article is counterfeited. The doctor, especially, is victimized by the substitution "liar." He discovers a good remedy and prescribes it; sooner or later he finds that his patients do not progress under its exhibition, as they did formerly. Investigation will reveal the fact that he has been getting "something just as good," but, while he (or his patient) has been paying the price of the genuine article, the vendor of the spurious article has been making just twice the profit by substituting. The patient suffers in health—perhaps loses his life—the doctor in reputation, and the only person who benefits at all in the whole transaction is

the "liar," the substitutor. Beware of him, Brother, and all his works. There are enough honest pharmacists to serve your every purpose, men of honor and sterling worth, men you can safely trust; tie to them and cut the others out.

And the "snake?" He is, if anything, worse than his kinsman, the "liar." In this instance he is represented by the vendor of alcohol, disguised as a "medicine;" of morphine or cocaine or other deleterious and brain-destroying drugs offered the public as "panaceas for pain." The "snake" of the medical world gets in his work steadily and without cessation. He first poisons a man and then offers an antidote which finishes his destruction—slowly, it is true, and only after considerable outlay.

The medical "snake" doesn't kill quickly; he first of all hypnotizes his victim into imagining himself ill, and then offers him a "sure cure" for his malady. It matters nothing whether the supposed ailment be catarrh or lost manhood; the "snake" has a remedy for either, and, when the victim has swallowed all he can pay for he is offered something cheap and "bracing," which is sure to "make a new man of him," even though his stomach has gone back on him, and he "hawks and spits," has "a bad taste in his mouth," and possesses every one of the "symptoms" which we find humanity afflicted with in the patent medicine advertisement.

The "snake" always *did* charm weaker animals! That he still does so is evident from the testimonials which are written for the rum-remedy vendors by white-haired parsons, misnamed statemen and unwise jurists. That men of supposed intellect should pen the absurd and fulsome letters which are printed by scores



Glonoïn, if given during the preconvulsive stage of epilepsy, will sometimes prevent the attack; keep this in mind.

The headache of arteriosclerosis is dull and throbbing and may awake patient in early morning; do not confuse with neurasthenic.

in the lay press (at so much per line) is only explicable by supposing that the rum-remedy has finally acted upon their brains, as rum in its straight form acts upon the brain of the sot!

The "snake," then, is an ever-present danger to the community; the sooner he is scotched the better for our welfare and that of those who are dear to us. Everyone cannot be a doctor; everyone cannot even be well-read and "posted" upon therapeutics and hygiene, so it is not to be wondered at that the American man or woman of today, living at high pressure, should easily be impressed by the skilfully-worded printed matter of the nostrum-reptile. Once impressed, and believing that they have the symptoms described (and the list is so skilfully drawn up that *everyone* has some one of the abnormalities described) the most natural thing in the world is to buy a bottle—and once that is done *the rum does the rest* and the victim pays tribute till he either dies or is saved by some wiser or medical friend. The "snake," Brother, should be hit whenever and wherever you see his head—or his tail, for that matter—and that is pretty much everywhere!

Finally, the "crank" merits attention. Is it not safe to consider the man who, possessed of education and knowledge along medical lines, yet allows himself to be gulled into using secret nostrums and patent preparations, a "crank"—and a crazy crank at that?

Isn't the doctor who writes open prescriptions, who allows the pharmacist to give him whatever he pleases, who fails to specify what he wants *and sees that he gets it*, a "crank" and a dangerous crank at that? Isn't the man who makes a

living in a certain manner and who allows someone else to deprive him of that living a "crank"—and a *very foolish* crank, too? We wot, yes! Is it not, moreover, a fact that both the "liar" and the "snake" would find it impossible to exist were it not that there are so many "cranks" alive and supposedly practicing medicine today? Isn't this an incontrovertible and unanswerable *fact*, Brother?

If every doctor did his duty; if he studied drug action and gave some care to diagnosing; if he used only the best preparation of each drug obtainable and refused to order or administer anything the composition of which he did not thoroughly comprehend, where would the "liar" come in? If the doctor educated himself thoroughly first, and then educated the people, where would the "snake" find a living? If each decent practitioner refused to admit to his home any publication which carried in its columns the lying advertisements of the rum-remedy people and, if he influenced his friends to do the same thing, how long would those advertisements be printed? If the doctor—as a class—was determined that no fraud should take away his rightful living, would he allow these publications to exist if he could prevent it? Not much!

Therefore, at the end of it all, the "snake" and the "liar" prey upon us because of the plentitude of the "crank!"

*Moral.*—The "liar" may tell the truth (but we don't believe him); the "snake" can shed its skin (but he's a snake always), but the "crank" can turn either way. Suppose he *does* reverse his present position—wouldn't it be a blessed thing for everyone concerned?

Won't the "crank" please turn!



The headache of arteriosclerosis is increased by movement or excitement; maybe vertigo or fainting fits; hard pulse.

For arteriosclerosis keep the pulse soft with glonoin or aconitine; regulate habits, diet, elimination; use iodides.

# GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

## DOSIMETRIC PRACTICE IN EMERGENCIES.

GOING to a remote corner of Brittany last August to stay a few weeks with a friend, Dr. Borchon remembered that there was neither physician nor apothecary in that vicinity. He took therefore a medicine case with him, in which he had the compound granule against painful spasm (the antispasm and pain granule, consisting of strychnine arsenate, hyoseyamine, and morphine hydrochlorate), the granules of camphor monobromate, hydroferrocyanate of quinine, dosimetric trinity; brucine, sulphydral (our calcium sulphide), and a bottle of seidlitz, or saline laxative. It was fortunate he did so, for hardly had he arrived, when he was told that there was a severe epidemic of whooping cough in the neighborhood by which all the children were affected. It was feared also that the youngest boy of his friend's children had a touch of this evil affection.

Dr. B. looked, therefore, at once for his calcium sulphide granules. And while he did so the characteristic cough of his friend's five-year-old boy unmistakably announced the presence of pertussis. The doctor made him take a granule of calcium sulphide, and ordered this dose repeated every half hour, also giving a granule of camphor monobromated. The boy had three character-

istic coughing spells in the twenty-four hours.

The next day the boy had seven coughing spells with mucous, stringy expectoration and the characteristic wheezing. On the third day there was vomiting, together with the coughing spells, which brought up the child's noonday meal. He had seven spells; no fever, but the taste and the decided smell of the remedy became unpleasant to the little fellow, with which he now seemed to be saturated, and that might have caused the vomiting up of his food. The same granules were continued but at one hour intervals. The same treatment was continued and in twenty days the child was cured. The other children were also prophylactically put on calcium sulphide, ten granules a day.

The effects of the calcium sulphide were: (1) That as soon as the patient was saturated with the remedy, the coughing spells diminished in number, and in this case on the fourth day; (2) in the prophylactic cases the remedy prevented the infection; (3) the duration of the disease was shortened to, at least, one-half compared with that of other children in the neighborhood whose coughing spells, too, were from fifteen to twenty per day.

Another case. The third day after Dr. B.'s arrival he was urgently re-

quested to see a patient with the following history. The man was seventy years of age and a veritable giant. He had worked in the field and just when quitting work and going home he lifted a very heavy weight. It was about 4 p. m. He dragged himself home the best he could, suffering intense pain, and went to bed. He told Dr. B. he had had a large inguinal hernia for the last thirty years. The man's features were changed, his eyes sunk, and the pain was intolerable, and all over the abdomen. The abdomen was distended, and soon there was vomiting, first of food and after that of bile. Hiccough and subnormal temperature complicated the case still more, and it was plain that he was dealing with a case of strangulated hernia. Taxis gave no results. Dr. B. administered at once the antispasmodic combination of hyoscyamine and sulphate of strychnia, a granule of each every fifteen minutes.

At the ninth granule the hernia reduced itself of its own accord, in a few seconds. All the symptoms disappeared little by little, and the next day the patient rested, as a precaution, but the day after that he went to work in the field.

Were it not for this antispasmodic combination of remedies this patient being far away from any help and afflicted with a disease in which every instant counts, he would certainly have been operated upon too late.

A case of hepatic colic. The doctor was called to see a patient at 10 p. m. and found a woman, forty-two years of age, in great pain, rolling about on her bed, as she said since eight o'clock in the evening. The pain started from the

liver and was accompanied by chills, nausea and vomiting of food and bile. The abdomen was swelled and painful to the touch and in the hepatic region palpation was impossible on that account. There was some oppression, but temperature was normal. No heart and no respiratory trouble. The pain extends down to right lower extremity and from the scapula to the shoulder. The symptoms pointed to an attack of hepatic colic, very painful for the last hour and a half. The patient says this to be the fifth or sixth attack the last six years, and it lasts each time a day or a day and a half and is relieved by a hypodermic of morphine. The doctor had no Pravaz syringe with him, but alkalometric practice served him and the patient in good stead.

The indications were clear: (1) Promote the passage of the calculus, and, (2), quiet the hyperexcitability of the biliary mucosa, and the spasm of the biliary passage.

There was a good quantity of linseed meal and of this the doctor ordered a large very hot poultice over the right side. For the pain and emesis he ordered one granule each of morphine hydrochlorate, hyoscyamine, and strychnine sulphate every quarter of an hour till calmed, then to be stopped at once. About seven o'clock the next morning the patient fell into a deep sleep. She took eight doses. The hepatic region is still sensitive. A large dose of saline laxative was ordered.

On the doctor's return to Paris he sent the patient a combination of granules which relieves her much more quickly than during her former attacks, which left her sick for a week at a time.



Remember that arteriosclerosis is prone to attack the brain, kidneys and heart; watch these points and treat accordingly.

Headache occurring in nephritis is due to uremia; often associated with nausea or vomiting, and with other nervous symptoms.

Naturally she had unbounded faith in this remedy, with which she has provided herself for the future.



#### A SYMPOSIUM ON ARTERIOSCLEROSIS.

(Continued from last month.)

Erb of Heidelberg, spoke at the same meeting on *Dysbasia angiosclerotica* (difficulty in walking from vascular sclerosis; intermitting limping). This difficulty presents a very important picture preceding arteriosclerotic gangrene. The disease is easily recognized, the most important part of it consisting in a complete or partial absence of the foot pulse. The arteries are never completely obliterated, some slight lumen always remaining. This disease occurs almost exclusively in the male sex.

The Semitic race is, according to the speaker's observation, which differs from others, not specially predisposed to the disease. Antecedent syphilis was found in only 22.7 per cent of the cases. Alcohol does not seem to predispose to this disease specially, but tobacco has a considerable influence to predispose to it. Many of the patients were excessive smokers. To the injurious effects of tobacco speak the prevalence of the disease in Russia and to the almost total absence of it from the female sex. Changing thermal influences on this disease seem noteworthy to the speaker. How these injurious effects result in producing the picture of this disease is not clear. It is possible that vasomotor influences play a part in this.

Erb of Heidelberg reported experimental production of arteriosclerosis in lower animals. He, together with Prof. Nissl, were induced by some French pub-

lications to try injections of adrenalin in rabbits. He injected three drops of a 1 to 1,000 solution in the aural veins of rabbits for six weeks. At the end of that time the rabbits were killed and the necropsy showed diffuse, studded thickening, or small pouchings which were calcified, while the rest of the organs were healthy. [The author is not reported to have said what was so affected, but he must have meant the blood vessels.] In one animal the adrenalin doses were increased. The necropsy showed apoplectic foci in the brain, great changes in the aorta and body arteries.

Groedel of Nauheim spoke of the value of *blood pressure measuring* in the treatment of arteriosclerosis. High blood pressure always excites suspicion of arteriosclerosis, although it is not present in every case of this disease. The speaker referred to the large material at his disposal, and showed that the blood pressure in arteriosclerosis is raised only when there is contracted kidney at the same time. Therapeutically the speaker recommended regulation of the patient's mode of life, avoiding everything that might cause frequent fluctuations of the blood-pressure. Iodine certainly does not produce depression, nor do the nitrites. When there is cardiac insufficiency the speaker gave digitalis in small doses continuously, even when there was increased pressure, and with good result. The speaker recommended massage, baths, gymnastics properly and methodically used. Patients with cardiac insufficiency who find no relief from any remedy he advises to go to a watering place.

Bahrds of Leipzig spoke of *arteriosclerosis and life insurance*. Observations in Leipzig life insurance companies show frequent deaths from arteriosclero-



Headache of nephritic patients a dangerous symptom; eliminate freely and rapidly; hydragogue cathartics; induce sweating.

Headache may be a symptom of chronic alcoholism; often associated with insomnia and tremors; history establishes etiology.



sis, and the number would be still greater if there were added the fatalities from diseases conditioned upon arteriosclerosis, such as cardiac apoplexy (embolism of the coronary artery), part of the chronic heart diseases, cerebral apoplexy, etc. The frequency of the cases correspond exactly to the age classes. Arteriosclerosis seems to have increased in the last two decades. The mortality amounted to 22 per cent (in 11,093 cases) in the last eleven years, while the mortality of tuberculosis is only seven per cent in all deaths, and is decreasing in all age classes.

Hoppe-Seyler of Kiel spoke of the *Changes of the Pancreas in Arteriosclerosis*. He reported sixteen cases, six of which were decided cases of glycosuria. The arteries showed such changes in their walls as might result in thrombosis and obliteration. In diseases of the blood vessels, and especially in arteriosclerosis, we meet with proliferation and shrinking of connective tissue in the pancreas, irregularly distributed, which penetrate between the acini making them to dwindle away, and involve the islands of Langerhans in the same process. Frequently there is with this a gradual development of diabetes mellitus, and the gravity of the disturbance of the saccharine katabolism corresponds with that of the pancreatic diseased condition.

Savill defined Arteriosclerosis, before the Pathological Society of London, Feb. 16, 1904, as a chronic general thickening, or degeneration of the arterial wall, by which it becomes hard and less elastic, and the lumen of which appears much widened post mortem. We can distinguish three forms of arterial sclerosis, viz.: sclerosis of the intima, of the media and of the adventitia. The last

two take place often when the muscular layer becomes diseased. Atheroma is a distinct disease and must not be confounded with sclerosis of the intima.

As a result of Savill's examination of 400 individuals who had died after sixty years of age he comes to the following conclusion: (1) Circumscribed atheromatous degeneration of the intima is compatible with long life, and may remain altogether latent. (2) The same is true with extensive sclerosis of both intima and adventitia so long as the media remains relatively free from hypertrophy, or other disease and there is no disturbance in the relation of the heart to the blood vessels. Otherwise even slight diseases of the media may cause great sufferings. The morbid changes in the muscular layer are to be grouped as follows: (1) Atrophy is not frequent and was not met with in emaciative diseases. (2) Hypertrophy is not rare in higher old age; accurate measurement is, however, not easily carried out. (3) Turbid tumefaction of the muscular fibers even of slight degree can be demonstrated with acid orcein. (4) Granular degeneration appears often combined with tumefaction. All these alterations are frequently found in one and the same vascular region, e. g., in the lower extremities and there very pronouncedly. (5) Necrosis, and (6) Calcification appears in foci of various sizes. Arterial hypermyotrophy presents a characteristic clinical picture, occurring often in combination with renal changes, and leads to cerebral and other hemorrhages. A constant concomitant of hypermyotrophy is hypertrophy of the heart as cause, or consequence, of vascular changes, or both as consequences of a common cause. During life there is always high pulse tension.



For the headache and insomnia of alcoholism try a grain of emetine at bedtime; you will be surprised at the good effect.

Hyoscine hydrobromate is one of the best remedies to secure sleep and relieve the tremors of alcoholism; bromides also.

## MISCELLANEOUS ARTICLES

### A FATAL CASE OF SCARLET FEVER.

ON October 11, 1904, at 10 a. m. I was called to see M. H., a boy nine years of age. I found him with a temperature of 105° F., pulse 110, full and strong, pupils dilated, throat sore and the cervical and submaxillary glands enlarged and tender. A pseudo-diphtheritic membrane covered the right tonsil and extended out towards the uvula and posteriorly to the right side of the posterior pharynx. His body was covered with a scarlet rash which was beginning to appear upon the limbs. The breath was foul and the patient restless. I administered in twenty-four teaspoonfuls of hot water ten granules each of aconitine, strychnine arsenate and digitalin, and ordered that a teaspoonful of this solution be given every fifteen minutes for eight doses and then every half hour. Calomel, ten 1-10 grain tablets, podophyllin, five 1-6 grain granules, were ordered, giving two calomel and one podophyllin every half hour until all had been taken; if free evacuation of the bowels did not take place one hour after the administration of the last dose two heaping teaspoonfuls of Epsom salts were to be given and if necessary the dose repeated in two hours, to insure free catharsis.

At 5 p. m. I returned and found the pulse 100 per minute and compressible; the patient was resting better and there had been several copious evacuations of the bowels; at this hour the rash completely covered the extremities; temperature, 104° F. I left calcium sulphide

and ordered six 1-6-grain granules to be given every hour for six doses or until the characteristic odor could be easily recognized, then to be given every three hours until I came. I placed six tablets of the triple sulphocarbolates in twenty teaspoonfuls of water and ordered one teaspoonful every two hours. Peroxide of hydrogen solution was used as a gargle and mouth wash every hour, also a weaker solution was used to wash out the nasal cavities. The stools were allowed to stand in a strong solution of crude carbolic acid before being otherwise disposed of; discharges from mouth and nose were ejected into paper cones and immediately burned.

The weather was pleasant and sunny and windows and doors were left open. At my next visit, 9 a. m., on the 12th, I found the patient in very much the same condition as at 5 p. m. the previous evening, with the exception that the breath had become less fetid, the tenderness of the submaxillary and cervical glands had become less, and swallowing caused less pain. The temperature was 104° F., pulse 110 per minute, throat and pharynx clearing off. Odor of calcium sulphide was plainly to be detected.

My treatment for the second day was very much the same as the first, with the addition of three granules of nuclein every two hours and the use of warm sponge baths for twenty minutes each time nuclein was given during the daytime. The skin was completely anointed with vaseline each day.

This continued my treatment, varied

to some small extent with the slight variation of conditions until Sunday the 15th. When on my visit that morning, I found the temperature registered 100° F., the pulse 90 per minute. This was at 9 a. m. At 5 p. m., the same day, the temperature was again 105° F. and the pulse 120 per minute. I increased the trinity to every fifteen minutes for eight doses and then directed it to be given every hour; increased the calcium sulphide for a few doses to six granules, 1-6 grain, every hour.

On the 16th the services of a professional nurse were secured and a daily record kept. The normal or low morning temperature, with fever running up to 103 to 104° F. about twelve o'clock midnight, continued for about one week, when on the outer aspect of the leg were observed some half dozen pustules about two lines in diameter, which when opened with a needle discharged pus. By gentle pressure each pustule would yield in quantity pus that would measure the size of a medium-sized pea and the opening in the skin had the appearance of being drilled through. Subsequent evacuations of pus were of a more liquid character. This pus was examined microscopically but there were no streptococci or staphylococci to be found, but simply broken down tissue debris.

About this time the right parotid gland became swollen and as soon as fluctuation was perceptible it was incised and the same quality of pus was discharged. Also the glands in the posterior upper portion of the right axilla became swollen and were incised with the same results. About October 27, a like swelling was incised over the tibialis anticus, about midway between ankle joint and knee, with the same result.

These were first washed out and kept clean with full strength hydrogen peroxide, and latterly with ¼ per cent formalin solution. From the onset of the disease the urine was closely observed. On the second day the urates and phosphates were unusually large, for which condition calcalith, half a tablet, was given every three or four hours until these conditions cleared up, which it did in twenty-four hours. However, at all times the specific gravity of the urine was low, never being above 1008 and oftentimes 1004.

The heart waverings were met at all times by strychnine arsenate and digitalin and when chills began, which they did about five days before dissolution took place, atropine or hyoscyamine to effect were given. In fact, all remedies were given to effect through the course of the disease. The last week of the illness the triple arsenates were given, two every four hours, with one of nuclein, and three extra granules of quinine arsenate were added to them. Calcium sulphide was administered continuously but in less dosage during the week. Elimination was kept going by way of bowels by the use of saline laxative and small doses of calomel. The food at all times was of a nutritious and easily-digested character and nutrition continued good with little digestive disturbance all through the illness.

On October 30, Dr. I. J. Nelson saw the case in consultation and agreed with me in all respects as to the diagnosis and treatment, with the suggestion that a small amount of spirits be added. I then gave two teaspoonfuls of whisky in egg-nog every four hours. On October 31, after watching the case at different times during the day, I called at 9:30 p.



The active hyperemic headache is pulsating and throbbing; subjective sense of fullness; flushed face and injected eyes.

For hyperemic headache apply cold to head, purge and take a hot foot bath; internally bromides, ergotone, aconitine, veratrine.

m. and remained until 12:30, when the boy died.

Autopsy: The next day, with Dr. Nelson, an autopsy was held and the following are the microscopical conditions observed. The greater omentum showed inflammatory change which was the cause of the tympanites during the last few days of illness. The remainder of the peritoneal cavity showed very little if any disease change. The kidneys were sclerotic in their entirety, this being the cause of the large amount of urine with low specific gravity. A microscopical examination of the kidneys will be made later. The spleen was enormously enlarged. The liver not much if any enlarged and color normal. On raising the sternum and opening the pericardium found a pericarditis existing with considerable fluid exudate of dark straw color. This fluid was not examined for pus.

The lungs were not invaded by the disease and we did not investigate the cranial cavity. The mind was clear to the end, however, only when fever was high or chill intervened and I do not believe the brain or meninges were invaded.

The scarlet rash disappeared about the fifth day after onset and desquamation took place as in most cases of the disease during the last few hours of life. Medication was carried on hypodermatically.

Any suggestions or criticisms from the editor or CLINIC readers will be highly appreciated.

I believe I know the drugs I used, and their effects, and that I gave the patient my best thought and attention at all times—but, he died.

ARTHUR E. SWEATLAND.

Little Rock, Ark.

Gelseminine is also an excellent remedy for the congestive headaches; arterial sedation is the thing indicated.

Now it is not an easy matter to criticize such a case as this; because Dr. Sweatland knows how to use medicines and seems to have used them scientifically here. Antotoxin is used for diphtheria; mercury is specific for syphilis; quinine for malaria; pilocarpine for sthenic erysipelas—but neither these nor any other remedies will always cure every case of the diseases for which they are appropriate. Sometimes the tendency to death is so great, even in apparently ordinarily healthy subjects, that the slightest cause will kill. Sometimes an infection is so malignant that no remedy will succeed in overcoming the virulence. Sometimes there are unhygienic conditions in the environment—not always discoverable to the search—that render nugatory the most wisely applied management. Which of the three was present here we can only guess. The following incident will perhaps illustrate: The writer attended a woman with fever; she got along well, only she did not recover but hung along about one way. The physician said there was some cause not evident, and suggested that he noted a peculiar smell in the house. An expert plumber was secured, who overhauled the pipes, and a break was discovered under the kitchen floor, into which the sink drain discharged into a large hole. The odor was so dreadful that one of the family fainted on the hole being uncovered. It was emptied, drained and disinfected, the pipe mended and the patient promptly recovered. This experience is typical of so many that the writer firmly believes some similar unhygienic condition existed in Dr. Sweatland's case that contributed to the fatal malignancy.

We hope that members of the CLINIC



Headache may also be a symptom of indigestion; clean out with calomel and salines; give stomachic tonics.

family will let us have the benefit of their experience in the treatment of scarlatina. "Speak up," Brethren.—Ed.



#### A BRILLIANT VICTORY FOR ALKALOMETRY.

Mrs. A. B., age twenty-three; family history negative; married two years; never pregnant; height 5 ft. 6 inches; weight eighty-two pounds with winter clothing on. She was well until twenty, at which time she had some form of inflammation of the uterus and abdomen, followed by pleurisy and abscesses on the thighs and about the knees. Altogether she was ill six months. Two years ago she began having headache, frontal and occipital, during which time her hair fell out to some extent. There was no eruption, sore throat, or other classic symptom. She states that she has been under the care of nine different physicians during the past three years.

She complains of nervousness, anorexia, lassitude by day, and pain along anterior tibial nerves by night, which prevents sleep. Her bowels are constipated but the tongue is clean. There is some discharge from an old *otitis media* of years' standing. Extremities cold and bloodless. Physical examination negative except as follows: Tongue tremulous, two small pigmented scars on legs and many small white glistening cicatrices on arms and legs, which patient states were the seats of boils; most plentiful about the knees. The shins are slightly sabred and slightly nodular. The skin over the anterior tibial nerves is exquisitely tender. The patient is much emaciated and somewhat hysterical. Deep and superficial reflexes exaggerated.



Suppression of the menses is a frequent cause of headache; give a cathartic, hot foot or hip bath; aconitine or gelseminine.

Diagnosis: Syphilis with accompanying autotoxemia. Treatment: Hygienic measures consisting of exercise in the open air, hot and cold baths, etc., forced feeding, regulation of the bowels, iron tonics; potassium iodide and phenacetin for the pains resulted in no apparent gain, although followed for six weeks.

Dec. 31, 1903. No improvement—everybody discouraged.

Jan. 11, 1904. Feeling some better, otherwise "just the same." Changed treatment on the advice of "ye editor," as follows: Calomel, gr. 1-6, podophyllin, gr. 1-6—one of each every half-hour for six doses, repeated every third night; saline laxative each morning on rising; triple arsenates with nuclein, two three times daily after meals; "three iodides" tablet, one three times daily one hour after meals.

Jan. 18. Reports no pain, sleeps well all night, otherwise no change.

Jan. 26. Feeling best in three years, improving along all lines, weight ninety-six pounds.

Feb. 6. Still gaining, weight ninety-nine pounds.

March 5. Well to all appearances, weight 105 pounds, renewed medicine for one month.

Aug. 1. Weight 135 pounds, cheeks red, bowels regular, appetite good, outgrown all her clothing and has fears of getting fat. Not having seen her in the interim I did not recognize her and had to ask her name.

In the history, the "specific" element appears prominently, but, at the time of examination, its detection was by no means easy. The patient denied stoutly any leading questions and try as best I could to trap her, she failed to give me the least assistance in the diagnosis. The



For the headaches of the climacteric with hot and cold flushes equalize the circulation with aconitine or veratrine.



physical signs were all I had to go by. That I was the first to discover and diagnose properly I do not believe. My first plan of treatment would have cleared up most any case, but failed utterly in this. The dictum of "clean out, clean up and keep clean" I believe is what led to success as it is evident that the specific treatment acted only after the system was prepared to receive it by being thoroughly "scoured."

Since this case began to improve I have had more and more faith in the alkaloidal preparations. In my hands they have, almost without exception, done the work wherever exhibited. They are like a rifle—the results are sure to follow if the aim is true.

Like many another I was for a long time deterred from using them because of the element of commercialism which enters into their method of introduction. This to me at times seemed egotistical and quackish, but since I have become better acquainted with the goods and the men who make and sell them I have lost much of this antipathy and feel more like falling in line and doffing my cap to the fellow who makes his boast and backs it up with the goods.

H. J. KNICKERBOCKER

Geneva, N. Y.

—:o:—

There is really no necessity for us to say anything—the doctor has told his story and points the moral so well that further comment seems superfluous. But we would accentuate one point. This is that all treatment failed till the system was cleaned and made ready to absorb the remedies given; until, in fact, retrograde processes were stopped and normal functioning re-established. Nature is potent, but if the wheels are clogged and

still more matter is thrown in to be dealt with, the machine gets more and more deranged and finally stops. Clean up! Oil the bearings, supply the steam and soon everything will be running properly. Common sense applied in medicine gives striking results.—ED.



#### CONTROL OF SERIOUS HEMORRHAGE FOLLOWING ABORTION.

I have treated a case of hemorrhage following abortion. On my honor, were it not for those active alkaloidal preparations the patient would have been lost. She was almost pulseless, covered with a cold, clammy, perspiration, consciousness gone, power of deglutition lost, her eyes were fixed, dyspnea was marked and the family was in tears. The hemorrhage was profuse, the bed and floor literally *bathed* in blood.

On arrival I placed the woman in a dry bed, put hot bottles around her body and gave a hypodermatic injection of strychnine, atropine, glonoin and ergotin. A hot intrauterine injection, three liters, was made and one liter of artificial serum was thrown into the lumbar region subcutaneously. In less than three-fourths of an hour I had complete control of the urgent symptoms.

The patient for three days was unable to see and would fall off unconscious three or four times a day. I continued treatment with the heart tonic and triple arsenates. The fifth day the temperature was 40° C. I gave four granules each of podophyllin and leptandrin in one dose; the bowels moved three hours after. I then gave ten intestinal antiseptic tablets in water to be taken in two-tablespoonful doses every half hour. The



For nervous disturbances of climacteric be sure to pay especial attention to elimination; cannabin and cicutine as sedatives.

Persistent, blinding headache occurs in heatstroke with very high fever; increased on movement; face flushed and eyes congested.

triple arsenates and dosimetric trinity were also prescribed. The next forenoon the temperature fell to subnormal.

On the tenth day the patient had enough strength to witness the marriage of her daughter which took place in her room, she, the mother, remaining in bed.

The mother was five months pregnant. During the fuss of arranging furniture and preparing for the marriage of her daughter she was injured and hemorrhage and abortion occurred. The doctor who was attending her could not be found when this terrible hemorrhage occurred. Much time was lost looking him up. It was when death seemed imminent to the people that a friend of mine suggested that I be called.

ARTHUR HOLLY.

Port au Prince, Hayti.

—:o:—

We are glad to hear from Hayti, where the alkaloidal idea is taking such strong root. Dr. Holly's success with this apparently desperate case shows that he has grasped the fundamentals of successful treatment. Come again, Doctor.—Ed.

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#### SCRAMBLED THOUGHTS.

\* A grain of wisdom is worth more than an ounce of gold, but—try to pay your bills with it!

As a contractor, glycerole of tannin, isn't so bad and then there's alum; now wouldn't that pucker you?

Preserve a little sympathy for the fellow with an atrophied risorius.

When we have money we're worried about it.

When we have none we're worried without it.

~ ~ ~

For sunstroke headache make cold effusions to head and give ice water bath; quiet pulse with aconitine and eliminate.

When you leave a good wife see to it that she finds no consolation in the knowledge that the insurance more than covers the loss.

Labor: Good for food, ditto for physic.

Lots of troubles are bluffed away by a square look in their faces.

Try to be right always—its cheaper.

Selfishness is the stuff that sours the milk of human kindness.

Booze and brains are never constant companions.

Every mistake made has its value, if it teaches something.

Self deception is the worst kind of deception.

It matters little how much you do, so you do it well.

The really good fellow is seldom referred to as a "good fellow."

A poor man's advice is seldom taken—therefore—(?)

The ulcer of envy is healed by the unguent of pity.

I know lots of druggists who will need asbestos underwear or something "just as good" later on.

Don't grow round shouldered carrying business around with you that isn't your business.

In the battle of Life be game—fight with the scabbard when the sword is broken—you'll win!

Don't mistake the armor of religion for a cloak.

Show me a rascal truly happy and I will show you a substituting druggist bound for heaven.

The man who says the least is seldom misquoted.

Don't argue politics or religion—the other fellow is always wrong and you know it.

Passive hyperemia may cause headache; this is increased by lowering the head, is dull and heavy and accompanied often by cough.

Some doctors believe in doing to their noses what the smoker does to his meerschauum.

Ever notice how easy it is to be resigned to trouble, if it's the other fellow's.

Every time a crank starts in business the devil gains.

There are three kinds of patients: never pay, poor pay and good pay. Which gets your best services? Has it ever occurred to you to do a little training along this line?

A stitch in time saves a lot of gynecologizing.

If there were eleven commandments the last would refer to substituting druggists.

Ever notice it—men stretch their legs women and trees their limbs.

Every buzz has a "b" in it.

It's a truly unsophisticated fellow who still believes the world is square.

Ruby noses seldom win ruby lips.

OSCAR F. BAERENS

St. Louis, Mo.



# **PYOKTANIN AND BLUE-LIGHT TREATMENT.**

As a possible contribution to the CLINIC I would ask of the readers thereof if they ever attempted to secure the beneficial results of the blue-light treatment in certain skin diseases in a modest and inexpensive way by the employment of a solution of pyoktanin painted over the diseased area?

For the past six months I have been treating lupus vulgaris and erythematosis, scrofuloderma, indurated tubercular glands, favus, erythematous, vesicular and pustular eczema and contagious impetigo when appearing upon the exposed



Passive hyperemia is a cause of headache, especially in diseases of the heart, liver, kidneys and lungs.

portions of the body, by painting the lesions daily with a two per cent solution of this drug and directing the patients to expose the part so treated as many hours each day as possible to the direct rays of the sun. All have been decidedly benefited and the majority cured; however the same good results have not been noted where covered portions of the body were similarly treated.

These cases were all among Indian school children who rather enjoyed the decoration than otherwise. Tonics such as cod liver oil, syrup of the hypophosphates and of the iodide of iron were also given.

F. H. POOLE.

Ross Fork, Idaho.

—:o:—

If blue light is effective in disease, we can see no reason why this method of using it should not give as good results as any other. At the same time it is a little difficult to say positively that the light was the only factor; possibly the drug itself has some influence upon local application. At any rate the method deserves a trial. We hope members of the family will put it to the test.—Ed.



# **HOW DRUGS SHOULD BE USED.**

Before giving my experience with some of the alkaloidal remedies, I wish to draw the attention of the reader to the fact that the use of a drug is considered in its entirety. Thus, we are able to eliminate from the medical profession sectarian study of drugs, which latter is the cause of so much strife between the different schools of medicine. By a system given by me in the February issue of the *California Medical Journal* of 1904, the reader will readily comprehend that

In the headaches of heart disease and other diseases attended by vasomotor relaxation, give digitalin, caffeine, strophanthin, etc.

it is easier to learn the use of a few hundred of drugs in this way in their entirety, than it is to learn the use of fifty or less of one school in the way in vogue at the present time. By the system given by me as stated, it reduces the study of drugs to a science and is well worth considering by every progressive therapist.

Pure reliable drugs we must have, be these tinctures, fluid extracts, or alkaloids. With the limited experience I have had with the alkaloidal remedies, I wish to say that they are reliable and convenient. Many drugs are better administered in the form of tinctures or fluid extracts of the green plant or root; again, of others the alkaloids are preferable.

In looking over my pocket case I notice glonoin, gr. 1-250, a drug often used in my practice. The physiological action of this remedy is well known; it is therefore not necessary to give this in detail, except the basic physiological symptoms which are:

Powerful determination of blood to the head, throbbing carotids, bursting headache—can hardly bear to move head.

Secondary Basic Indications: Cerebral anemia, that comes on sudden, face pale; syncope or general collapse that comes on suddenly.

Adult Dose: One to two alkaloidal granules of gr. 1-250, to be repeated if necessary. The basic symptoms of its physiological action are the very symptoms, if present in disease, that glonoin is curative of in its primary form.

Primary Basic Indications: Powerful determination of blood to the head, throbbing carotids, bursting headache, the least motion of the head is almost unbearable.

Anemic headaches are relieved by lowering the head while congestive are increased; pale face, drooping eyelids.

Adult dose: One granule of glonoin, gr. 1-250, dissolved in a quart of water. Of this dilution take two or four ounces or as much as desired and give in doses as follows: One-quarter to one-half teaspoonful every one-half to three hours as the severity of the case demands; stop when the trouble is corrected. If too strong dilute to half its strength. The physiological basic symptoms are our keys to the primary basic indications for the drug. The secondary basic indications we get in reverse conditions of those of the primary. Thus with one drug many conditions can be met. Why not learn the use of a drug in its entirety by this easy method and fire both ways, instead of shooting only one way and insisting that the fellow who shoots the other way cannot shoot. Look around and if his aim is better, get some points from him and if they are useful, be a gentleman and give him credit for it, regardless of what school of medicine he belongs to.

F. J. PETERSEN.

Los Olivas, Calif.

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Here is an eclecticism that seems to fit into all schools. As to how it will "work out" we confess we feel a little uncertain. But our homeopathic friends should like it. What say the members of the CLINIC family?—Ed.

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#### INTRACELLULAR BACTERIAL TOXINS.

In a paper read before the Section on Pathology and Physiology, of the American Medical Association, Vaughan gives a summary of the work he has done on bacterial toxins during the time he has been able to spare from his medico-polit-

~ ~ ~

For anemic headaches give iron, arsenic and strychnine; try the triple arsenates with nuclein; blood-making food and aseptic bowel.

ical direction of the University of Michigan during the past eight years. Beginning with the announcement of tyrotoxin in 1896, he goes on to the demonstration of the toxicity of the cell substance of colon bacilli in 1900, and the following conclusions announced in 1901:

1. The colon bacillus toxin is contained in the cell from which the toxin is not diffused ordinarily into the culture medium.

2. It is not extracted by alcohol or ether.

3. It is not extracted from unbroken cells by very dilute alkalis.

4. A high heat with water does not destroy it in unbroken cells.

5. Boiling with 0.2 per cent solution of HCl has little if any effect on the germ cell or its contained toxin.

6. Heating on a water bath for an hour with 1 to 5 per cent HCl solution breaks up the cell and lessens without destroying the toxin. Prolonged heating may render it inert.

In 1902 Vaughan's students made these advances:

Detweiler found toxins in the cell substance of micrococcus prodigiosus, bacillus violaceus, and sarcinae aurantiaca and lutea.

Wheeler found in the cell substance of sarcina lutea two carbohydrates, a nuclein body yielding xanthin bases, and a proteid yielding hexon bases, showing the cell to be made up largely of a glyco-nucleo-proteid molecule.

Leach split up the colon bacillus and showed it to contain in its molecule carbohydrates, nuclein and proteid.

Marston and Gelston showed that temporary immunity could be obtained from the germ toxin, and determined its tox-

icity. It is not a good immunizing agent from its insolubility.

Gelston found an intracellular toxin in diphtheria bacilli against which commercial antitoxin gives no protection.

J. W. Vaughan demonstrated an intracellular toxin in anthrax bacilli.

In 1903 Wheeler made investigations to show that the bacterial cell is a definite and constant chemical compound. The amido-nitrogen split off by acid is the same, no matter what strength is used of sulphuric acid.

Leach obtained similar results with the colon bacillus.

McIntyre showed an intracellular toxin in bacillus pyocyaneus.

Munson and Spencer found that vertebrate cells may be split up, producing a toxin group.

Since then Vaughan and Wheeler have acted on the germ substance with sodium alcoholate, splitting off highly toxic soluble groups, in colon, typhoid and anthrax bacilli; in all producing antitoxins but with no certainty as to their antibacterial properties. The colon toxin immunizes guinea pigs against itself and the living germ. It is a complex body giving the biuret and Millon reactions, is freely soluble in water, or in absolute alcohol, insoluble in ether, chloroform and petroleum ether. Two bodies are contained in the alcoholic solution, one toxic, the other not. Platinum chloride precipitates only the toxin. The minimal lethal dose is one part to from 300,000 to 400,000 of body weight of guinea pig. Gradually-increasing doses immunize these animals. The toxin is composed of a haptophore and a toxophore group, the latter possibly a neurin. This may be identical in different pathogenic bacteria.

One-third of the germ substance is



Neurasthenic headache: A sense of discomfort rather than actual pain; brought on by exertion or excitement; worse in morning.

Neurasthenic headache does not interfere with sleep; it may be postponed till Sunday; occurs in nervous people.



dissolved by the sodium alcoholate of which 15 per cent is toxin. The part insoluble in alcohol is soluble in water and non-toxic. It contains a hemolysin and a group that splits up hemoglobin into hematin and a globulin. The hemolysin is precipitated by heat and acids; it is not weakened by heating to 110 degrees. It is inactive at low temperatures and requires an incubative period.

All the bacterial toxins lower temperature in guinea pigs, in any dose. Intraperitoneal injections, if fatal, cause fall of temperature as long as the animal lives; if the temperature begins to rise it indicates recovery. It does not cause peritonitis, but if the sterile germ substance is injected, hemorrhagic peritonitis results.

The following conclusions are deduced:

1. The colon bacillus in its essential part is a chemical compound.
2. In its molecule we have demonstrated nuclein, amido, diamido, mono-amido, carbohydrate, toxic, hemolytic, and hemoglobin splitting groups. Probably there are many others. The highly complex molecule formed may be split up in different ways, according to the energy applied. The toxic group in some, drops off in the presence of moisture at a temperature of 37° C., as with diphtheria and tetanus, whose toxins are soluble. Some of the groups are essential to the vitality of the cell, such as nuclein.
3. Every cell in the animal body contains similar complex molecules. From the liver cells a toxin can be split off by dilute mineral acids.
4. The reaction of a colon or body cell molecule is chemical. When these two are brought within the range of re-

ciprocal influence, if the chemism between them is greater than that between the various groups of either molecule, a reaction takes place. A group splits off from each, and the damage done bacillus or body cell depends on the essential character of the group split off to the cell or bacillus vitality. The toxin split off and injected does more speedy harm than the bacillus, as a chemical-like sodium chloride is harmless while its constituents, when free, are destructive.

The foregoing affords a simpler explanation of the action of antitoxins than has yet been proposed. When the toxic group unites with one from the body cell, the injury to the latter depends on the importance of the purloined group to the cell; and the harm to the animal on the number of cells affected. True toxins do not destroy cells, but injure them temporarily. Toxins injure, poisons destroy, the cells. The tubercle bacillus produces a poison. Possibly the toxin leaves the nuclein group intact, while the poison breaks up this group, rendering the formation of an antibody impossible. When the toxin has split off the group from the cell, forming with it an inert molecule, the injured cell splits off from the nutritives within reach of the elements, to restore the needed group, and more than it needs, the excess forming the antitoxin. This explains why there is an antitoxin for each bacterium, since no two affect exactly the same groups; and why each antitoxin is specific.

In conclusion he spoke of Ehrlich's theory as the most valuable ever presented to scientific medicine.

In the discussion Terrill asked why the bacillus could not renew the toxic group as well as the body cell, that which was subtracted from it?



Neurasthenic headache is relieved by rest and improvement in general health; cannabin, cicutine, scutellarin, cypripedin.

Autotoxemia is one of the most frequent causes of headache; often due to torpid action of bowels and liver.

Clements suggested that we might be paying too much attention to the external factors instead of studying the protoplasmic activities of the body.

Sewall asked as to the difference between toxins and toxoids, as clearing up the difference between poisonous activity and immunity production.

Meltzer spoke of the hemolytic action of tetanus bacilli as purely biologic, while that of the disintegrated colon bacilli is only chemical.

If the bacillus is only a chemical group or molecule it should be produced synthetically. There is in organisms still that factor known as vitality.

In reply Vaughan said that the bacillus when growing in the body does reproduce its toxic group till death results to the host.



#### CELLULITIS; WAS IT CAUSED BY "DISTEMPER"?

Cellulitis is an inflammation of the cellular elements of the body. It shows all the signs of inflammation in other tissues and in all acute local cases the symptoms are very marked. The severe pain, the intense redness, excessive heat, and great swelling point to a bad type of local poisoning. It is not only a difference in the tissue involved, but the kind of infection that aids in making such a disease destructive, because of the death of tissue at the seat of infection and the danger of general infection of the system.

As to the nature of the tissue, it is a loose connective network which holds together fat, cells, nerves, blood-vessels, and surrounds the muscles, skin and other tissues. Its make-up permits disease to spread and destroy this and ad-

jacent structures. As to the nature of the cause of inflammation, infection is the only one cause now recognized. It may be mild, but may be severe as well, and either one may be dependent and perhaps is upon an injury preceding the infection. The injury preceding may be a mechanical, chemical, or inherent one. This latter may need explanation and I will make clear what is meant by saying it is intended to represent the lowered vitality from some constitutional or local cause (perhaps, syphilis or scrofula).

The microbe finding a place of least resistance enters the tissue and multiplies among its meshes. The micrococcus is a common one and is found in nearly all cases associated with other microbes present. The erysipelas germ is a very common and dangerous one and more intense and severe are those of glanders and malignant pustule. The particular germ may not always produce the same intensity owing to the point of infection, the environment from which received, and the condition of the part and patient at the time of infection.

To illustrate, a needle or puncture wound in the foot of a delicate girl, if infected with streptococcus, will produce a violent and dangerous disease, while an open cut on the surface of a limb with the same microbe will be less severe and less difficult to treat if occurring in a strong, vigorous man and will have a more favorable prognosis. The pus taken from a common boil and that from malignant pustule will show great difference in their intensity.

This leads up to the particular case of cellulitis I have the privilege of describing:

A man about forty years old, of strong constitution and in good general



Try the effect of thorough cleaning out in your autotoxemic headaches; then follow up with the sulphocarbolates.

Migraine is a periodic headache; accompanied by nausea and vomiting, hence called "sick headache;" usually unilateral.

health and good habits, was taken sick with chills and fever on Saturday, April 6, 1898, and kept at his work until night. His nose was sore and painful next day and on Monday he called me to his home where I learned his history. Patient was in excellent health until Friday, except a little nasal catarrh with some ulceration of nares from the discharges. On Friday he felt aching pains in back, neck, and head and thought he had taken cold, but kept at his work until Saturday night. He is a farmer and at the time was treating a number of horses on his place for distemper and one colt had been suffering from it a long time and was especially hard to cure.

His appearance when I first saw him was that of one seriously sick. He had an anxious look. He had no severe pains and very little fever. He was having chilly sensations up and down his back. His pulse was 84 and never ran higher. His temperature ran from 96.8° F. to 101° F. His right nostril was swelled almost closed, and was discharging an ichorous pus. There was a gangrenous odor. The whole side of face was swollen and the eye nearly closed.

The glands of neck were enlarged. The swollen parts were hard but somewhat doughy to the feel, of a dull red and a deep aching pain was felt. It seemed like an erysipelas at its beginning, and I treated it as such. I gave calomel and quinine and applied hot solution of bichloride of mercury over swelling and syringed out the nose with borax and peroxide of hydrogen. Under this treatment the patient improved slowly. No pus formed except on mucous membrane of nose—the glands became smaller until they entirely disappeared.

According to Haig sick headache is caused by uric acid; restrict diet and give mineral acids during attack.

On the fourth day, the inflammation gradually extended to the other nostril, when I called Dr. B—— in consultation. He called it a case of pure cellulitis and believed it was conveyed by direct infection from the horse and that the man would get well and advised the local use of ichthyol over swelling and in nares. The examination of the discharges under microscope revealed only pus cells. I found the use of ichthyol was almost specific for the trouble and a rapid improvement followed. The gangrenous odor kept up until the mucous membrane sloughed off. The disease was not as severe on the left side as on the right and less constitutional symptoms were present during its involvement. The disease ran its course in ten days and recovery was complete.

I desire to ask the editor some questions that have come to my own mind, but ones I cannot answer to my satisfaction. They are these:

Why was there no abscess formed as the result of such a violent cellulitis?

Why was there present a gangrenous odor?

Does distemper in the horse ever produce a like disease in man?

If it were possible to separate the pus from the bacillus of malignant pustule, would such pus produce a more violent inflammation than pus from an ordinary abscess?

P. L. SCANLAN.

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This is a case where a long-distance diagnosis is likely to prove untrustworthy. Nevertheless we can express an opinion. There are undoubtedly instances where "distemper" in horses has attacked men, and the prolonged and repeated exposure in this case suggests

A combination of acetanilid, caffeine, sodium bromide and salicylic acid is good for the relief of sick headache.

that this may have been the cause of this somewhat unusual illness. Distemper is due to infection with the *streptococcus coryzae* and causes in animals a rhinolaryngeal inflammation, somewhat suggestive of the symptoms in this case. The symptoms of streptococcal infection are usually severe. This variety of the germ is undoubtedly less likely to produce pus formation and consequently abscesses than the *streptococcus pyogenes*. We shall be glad to hear the comments of other members of the CLINIC family on this case.—ED.



#### COMMISSIONS FOR PATIENTS.

In your December issue of the CLINIC, page 1268, I note an article entitled Commissions for Patients. I wish to take some exceptions to portions of the above entitled article. Why should the country doctor take his surgery to the so-called city specialist? Is he not qualified to do his own surgery? For what has he spent four of the best years of his life and \$3,000 in hard cash if not to qualify himself to do surgery? I know my city brothers will take exceptions to this, especially those who are attempting to make a grand-stand play, by saying that we are not prepared to do this class of work.

Why are we not prepared? Can we not render a room as clean in the country as you can in the city? Are not our instruments made of the same material as yours and at the same factory? Pray tell me my city brother how did you become a specialist in surgery, if not by first attending a good college, second a good hospital and third by doing the surgery that came your way? Now if you had to follow the above plan to be-



If in sick headache there is vasomotor relaxation and pallor and coldness of skin give atropine to effect.

come a surgeon, why are we not able to do surgery after having followed the same plan?

Why should not the country doctor operate for cataract? Is it any more difficult to remove a lens than to trephine and raise a depressed skull and save life by relieving brain pressure? Surely it is not more difficult to diagnose a cataract than glaucoma. As for doing oöphorectomies, are these any more difficult than appendectomies and how many more deaths would occur from appendicitis if we were to wait until we could ship our patients to a hospital?

You say that he need not saw pieces out of the nasal septum, but he should set up a multinebulizer and learn how to utilize it and the various agents depended on by the nose specialist. Pray tell me what good would your multinebulizer do if you failed to remove the cause of the trouble by sawing out the spurs, removing the polypi, reducing hypertrophied turbinates, curetting off adenoid growths or correcting deviated septa? If the country doctor can not do these simple operations let him go to school and learn how.

Any man who would be guilty of robbing his confiding patient, by simply treating his catarrh with a multinebulizer, without removing the cause, is not as honorable in my opinion as the man who takes a six shooter and holding his victim up, relieves him of his watch and purse.

It has been intimated to me by some of my city brothers that a man in a small place cannot afford to lose a patient following operation. I think that too a mistake, if a man be honest and not hold out false hopes to his patient or friends but tells them the truth as he sees it;

Stomach lavage and rapid emptying of the bowels with a saline often brings an attack of sick headache to a close.

even death will not lose him their friendship or support. How much more the glory and how much firmer will be his professional standing if he forecasts a possible bad result but attains success and relieves the sufferer.

A WEBFOOT.

—:o:—

The CLINIC advises the country doctor to learn how to do operative work and to take all this work he is able to do—*well*. But no man should undertake surgical operations for which he lacks either the technical knowledge or the skill. Even granted that he has mastered the minutiae which are becoming more and more essential to the specialist, it takes repeated operations, first in the role of assistant, to acquire the lightness of touch and the skill of hand which are essential to success. Human life is too precious to be lightly experimented with. By all means do surgery, Doctor, all you feel you can do *right*. Commence with the minor work and the emergency cases and do them so well that your skill may become known all over the country. *Grow* into the bigger things just as fast as you can and the time will come when all your patients may be kept at home. But don't make the mistake of thinking that success consists in *half* doing the big things.

Do you know, I have the idea that when we have really learned to appreciate the possibilities of scientific therapeutics (and that's the alkaloidal kind) there will not be such a crying need for so many surgical operations.—Ed.

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#### VERATRUM IN ECLAMPSIA.

In puerperal convulsions treat the convulsions and do not interfere with the labor unless there are conditions present

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Look out for errors of refraction in any severe case of headache; this may cause migrainous attacks.

pertaining to the labor *per se* that would have demanded treatment independent of the eclampsia. Ten drops of a saturated tincture of veratrum viride, hypodermically, has a restraining influence over puerperal convulsions that will surprise the experienced obstetrician when he has never seen it tried.

HORACE P. PORTER.

Port Arthur, Tex.

—:o:—

The value of veratrum in this terrible complication of labor may now be accepted as established. But why not use veratrine? Gr. 1-134 of this alkaloid given hypodermically every fifteen minutes would do the work in half the time and you'd be *sure* of results. Try it, Brother.—Ed.

~ ~ ~

#### THEY "KICK" BUT WILL PAY JUST THE SAME.

Say, if I discard the synthetic remedies entirely I will have to double or triple my charges. By the old methods, where I would get a dozen or two visits in a case, now, with the little "sure shots," I only get two or three. The laity soon catch on to the difference, but kick like a mule against an increase in charges.

C. W. J.

—, Mo.

—:o:—

Always "get your price," Doctor, and let it be a good one. To your old patients explain matters thus: "Which would you rather be, sick for four weeks and pay forty dollars for twenty visits or sick for one week and pay forty dollars for four visits?" Argue along this line, of course without using this particular illustration which is somewhat exaggerated, and "a flea in your ear,"

If with headache there is a coated tongue and foul breath and complaint of anorexia, look to the digestive tract.



Doctor, do not be in too big a hurry to cure your cases if they "kick" at being cured. Acute conditions of course you *must* control at once, but it is not necessary always to discharge a person when you think he can be discharged safely. This matter must be left to the physician's conscience entirely, but, because he is able to give better service there is no reason in the world why he should deprive himself of half his income. The better work men in any other profession do, the better pay they get, but the doctor is a peculiar "critter." The better work he does and the more perfectly he serves his *clientele* the less money he gets. We have got to provide against this self destruction.—ED.



#### A TEXAS GUNSHOT WOUND.

A hasty 'phone message on the 25th of last December called me away from a steaming Christmas turkey to attend K. P., a man supposed to be dying from a gunshot wound of the chest.

In an hour and thirty minutes I was by the patient's side eight miles distant, and found him to be neither dead nor wounded in the chest, but instead the Winchester ball had entered the body just above the right clavicle and had taken its exit one and one-eighth inches above the point of the left scapula, as shown in the pictures. These were taken on an unfavorable day and the black patches used for fear the small scars would not be discernable.

The range of the bullet was somewhat downward, as the shot came from the gallery while K. P. was standing on the ground some twenty paces distant. The bleeding from the dorsal vessels had been profuse, but there was now only



Fermentative dyspepsia is often the cause of headache; give the treatment appropriate to the condition.

oozing. The alternative of taking the patient to a neighboring house or carrying him three miles to his home was presented and the latter course was chosen.

While an express wagon was being prepared, I gave him a hypodermic of morphine and atropine, which steadied his nerves and fortified him against the shock which was already apparent. He stood the moving remarkably well. I extracted some small shreds of woolen goods from the front and a few spiculæ or rather small chips of bone from the back opening. The collar-bone was intact, which caused me to know that the



SHOWING POINT OF ENTRANCE OF BULLET.

spine had been struck and the ball slightly deflected from its course.

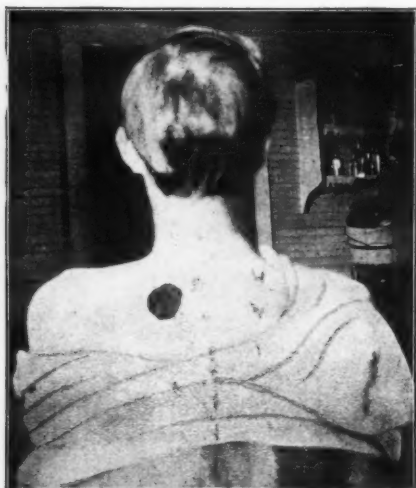
To insure permanent healing a soft catheter with a piece of silk attached and all made aseptic, first with hot water and soap and then with carbolyzed olive oil, was introduced and drawn through the whole course of the wound. Only a small flake of bony substance was ex-

Dilatation of the stomach causes gastric fermentation and toxic absorption; resort to lavage and digestives.

tracted together with some indications of beginning suppuration.

The general method of dressing pursued was, cleansing with hot carbolized water followed with absorbent cotton saturated with echol; then the wound was covered with iodoform gauze and bandaged. Light diet and salines comprised the regimen for several days. The fever did not go over 100, except one day. The patient was discharged on the thirtieth day.

For some days after the wounding there was a numbness amounting to par-



SHOWING POINT OF EXIT OF BULLET.

tial paralysis of the right hand and arm, owing to nerve lesions. Under a course of systematic massage there was steady improvement; but when the patient was discharged there was still a slight loss of proper sensibility. He had good use of the arm though the shoulder was slightly drooped. I predicted for him a fairly good arm. I saw him a few months ago,

The French Premier, M. Combes, and one-third of the French Chamber of Deputies are physicians. The French know "a thing or two."

out overseeing his business. He claims that his arm still feels a little unnatural, but he is doing as I advised, attending to all light work.

Will the editor and some of the CLINIC readers venture a prognosis?

JOHN F. NEAL.

Lytle, Tex.

—:o:—

There is certainly little to criticise in the treatment of this case. The man made a good recovery—and that is the main thing! The tendency of the times in the treatment of wounds is to interfere less and less. In the war in the East many of the Jap soldiers recover with no other treatment than the "first aid" dressing—a simple protective. Unless a penetrating wound is known to be infected it is better to let it alone, providing for drainage, of course, and being on the watch for complications; our probings, irrigations, even our repeated examinations, too often contribute an infection which was lacking before. We leave to the "family" the question of prognosis. We incline to the opinion that this man will eventually have a good, though possibly not a perfect arm and shoulder.—Ed.

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#### SHALL THE MEDICAL PROFESSION BE UNIONIZED?

At a recent meeting of the Physicians' Club of Chicago the subject under discussion was the relation of the medical profession to unionism. One of the best speeches was made by our good friend, Dr. A. C. Croftan, with whom the CLINIC family are well acquainted. We have taken the liberty of reproducing it here. The question of organization is a

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"Persodine" is the latest antidote for carbolic acid poisoning; it is a mixture of sodium and ammonium persulphates.

vital one. What form shall it take? Let Dr. Croftan answer the question:

"When your committee honored me with a request to open this discussion, I assured your secretary that the only position I could defend would be 'Why the Medical Profession Never Should be and Never can be Unionized.' I regret the absence of Mr. Donnelly, because I was anxious to base my discussion upon his exposition of the advantages of unionism for butchers. As it were, I will have to imagine what he would probably have said, and speak somewhat disconnectedly, because there is no testimony that I can attack in rebuttal.

"A Union, as I see it, is a combination of many individuals possessing the same qualifications and following the same pursuit; its object is mutual benefit for all the members composing the Union and the advancement of their common welfare; by implication the idea of offense and defense against those outside of the union is furthermore conveyed. The notion of defense implies antagonism, and a struggle with opposing interests. In fact, without such opposition, there would be no need of banding together for strength, and hence the opposition, passive or active, to the individuals forming the union is the chief *raison d'être* of unionism.

"The question arises, Is there sufficient opposition, sufficient antagonism to us physicians, as individuals or as a class, to warrant our banding together for our mutual benefit and for common defense? On first sight, it would seem almost ridiculous to assume that the people at large, whose physical well-being is professedly in our hands, and who turn to us when suffering, should entertain against us any feeling of antagonism, but if we

carefully analyze the attitude of the public towards the doctors, we will find that it is not one of unqualified respect and admiration throughout, and by no means one of unmixed gratitude and unreserved confidence. Many people take a weird delight in claiming that they "fooled the doctors." They don't always praise us for what we do, and have even been known not to be backward in upbraiding us, even of refusing to pay their bills. I think the attitude of the public at large toward the medical profession can best be characterized as one of *amused suspicion*.

"This attitude of individuals, while displeasing and not infrequently insulting, and occasionally unprofitable, is nevertheless not dangerous so far as the welfare of the profession as a whole is concerned, until it takes the form of active opposition on the part of legislative and judiciary representatives of the people at large. There is a growing tendency for legislative bodies to formulate laws inimical, or at least not favorable, to the best interests of the profession, and it is notorious that judge and jury are in the majority of cases, *a priori*, prejudiced against the claims of a doctor. We all know how difficult it is for a physician to secure an impartial jury verdict in medical suits. We all know of at least one judge in this city who is practically on record as never allowing a physician the fee he is forced to sue for. The press, finally, the exalted voice of the people, and the moulder of public opinion, how they delight in distorting the truth when it comes to matters medical!—largely, let us concede in justice to them, from ignorance; largely because they are so coached by eminently respectable members of our own guild; largely



In your cases of nosebleed remember that peroxide of hydrogen, pure, is the best styptic. Better try it.

Hackett (*Med. Record*) thinks he has a specific for typhoid fever, in blue mass and calomel! So many new specifics.

because they must have a sensation at any price, in order to sell enough papers to induce patent medicine venders to advertise in their columns.

"Two important questions arise: (1) What are the causes underlying this peculiar attitude of the people at large, that I am convinced exists? (2) What is the remedy—and is this remedy a Union of doctors?

"The first thing to determine is whether the cause is inherent in the people or in the medical profession; and if in the latter, must the fault be attached to doctors as individuals, or must it be sought for in the inherent defects and limitations of the practice of medicine?

"I am going to take the gentlemen of the laity, the common people who are here tonight, deeply into our confidence, and I am going to concede that the public is not guilty, and that the fault lies in part with us as individuals, in part with the practice of medicine as such, with all the absurdities and inconsistencies that still cling to it. For, after all, the practice of medicine, as we may read in the latest and largest French Encyclopedia, is 'an art based upon conjecture,' and the physician is one 'who sometimes cures, often relieves and always consoles.' (I doubt whether our patients would be willing if they knew to pay for consolation at three or five dollars a console!)

"I think it is time that we should teach the people to divorce the practice of medicine from all the mysticism, all the semi-religious flim-flam, all the bluff, all the conscious and unconscious lying and deceiving that has clung to it for all these centuries. We owe the people a square deal. We need not put it to them brutally, because they probably would

not understand, and might shy off in still greater numbers than they do now to the fakirs and divers pathists; and to the Christian scientists and Dowieites, who pray for them and prey on them outside of our ranks. But we could break the news gently, could predigest it, sugar-coat it, and make it pleasing to the taste; and I think that is what we are beginning to do.

"No, the people are not to blame. The practice of medicine is full of conventional lies; the people are beginning to appreciate this, and refuse to be lied to any longer—even conventionally. The trouble with us is that, to use a business expression, we fail, in the majority of cases, to 'deliver the goods,' and that nevertheless we receive pay for what we contract to deliver or at least what our patients *think* and are led to believe we agree to deliver. It is in this particular that our profession differs radically from any other profession or business. A client employs an engineer or an architect to repair a broken bridge or reconstruct a dilapidated building; the damage is inspected, a plan of repairs with all specifications submitted, a fee agreed upon, the job let to the lowest competent bidder, and the work done; when the transaction is closed the bridge or the building is repaired; the 'goods have been delivered.' How different it is many times with us. A patient comes to us with an organic lesion of the heart, or some degenerative disorder of the nervous system; we know perfectly well that the damage itself is beyond repair; and still we must undertake the case with a full consciousness of our limitations, and however much we may regret these limitations, we rarely take the patient or the family fully into our confidence. We



The American Association of Physicians is to meet in Washington in May. Fitz, of Boston, is the new president.

The Chicago Homeopathic and Hahnemann Medical Colleges have consolidated; the school will use the buildings of the latter.

cannot very well do it, because the human element enters so strongly into our work; we *want* to help, and we don't want to confess even to ourselves, much less to the suffering, afflicted mortal, who looks to us for aid, how little we can do. The engineer would say, 'Throw the thing on the junk heap and get a new one,' but we can't say that to a man whose wife is sick!

"So much for the competent practitioner who can diagnose his cases, who realizes the limitations of his art, and who, for reasons of humanity, does not tell the truth. He is, further, often deterred from being quite open with his patients by the knowledge that they will turn from him, who is honest and open and who *knows*, to one who is untruthful and crafty, even though he doesn't know, or who is ignorant and hence blissfully hopeful and willing to promise anything, in order to pocket the fee and to take full credit if by some chance the case recovers. In the latter case the honest physician, who has made a guarded prognosis, is held up to ridicule; he has been 'fooled,' and the blatant ignoramus who made a good guess is extolled as a wonderful physician, 'who pulled the patient through.' I have often wondered whether we more often reap extravagant praise for cures we didn't perform or whether we are more often execrated for sins of omission or commission that we did not perpetrate.

"You see, therefore, gentlemen, that two elements enter into this conventional lying that the people are beginning to resent—on the one hand, the human side that induces us to hide the limitations inherent in our art; on the other hand, the craftiness or the ignorance of many of our colleagues, who would for gain sure-

ly neutralize any educational effects exercised by us upon the lay mind by open and honest statements.

"Now, what is the remedy for this unsatisfactory state of affairs? How can we and the public who employ us work harmoniously together, so that there may be no misapprehensions, no false pretences, no bluff, no dishonesty, no conventional lying between physician and patient?

"For only in this way can the opposition of the people to the profession, and the heart-breaking discontent that has possessed itself of the soul of many an honest and honorable physician be stopped. Can a Union of doctors accomplish this, or a Trust perhaps? Decidedly not.

"The reform must begin with individuals among us; 'ideals must become personal before they can become communal.' Herein lies the fundamental difference between Mr. Donnelly's butcher workmen, or any other trades people, and the members of a liberal profession. The former all perform the same work in the same way; for instance they rip the bowels out of a cow—one man can do this as well as another, and all differences in skill can be adjusted in such a manner that the standard of the least skilled becomes the universal standard. If Mr. Donnelly's men are working for \$2.00 a day, and get the notion into their heads that they should receive \$2.10 for disemboweling a certain number of dead cows, why then they are perfectly justified in trying to enforce that demand—and to unionize for the purpose, if that is the best way to do it. In other words, they form their own estimate of the value of their services and they attempt to force this estimate upon



Have you read the report of the work of the consumptive camp at Ottawa, Ill., conducted by Dr. Pettit? It's doing great work.

In spite of the fact that many of the cases at Ottawa were advanced, a majority of them have been benefited.



their employers. And, let us bear in mind, they certainly deliver the goods—those cows have their bowels out when Mr. Donnelly's men are through with them.

"Not so with us—unless we choose to except the surgeons—not so with the medical man. He can't *agree* to cure his case, consequently he can't put a fixed value upon his services, nor ram his own estimate of what he *thinks* he can do down his employer's, i. e., patient's, throat. On the other hand, he never wants to feel that he can't do a little better than his competitor, he does not want to be judged by the standard of the least trained, least skilled, least competent of those qualified (?) to practice medicine. His standard is not the lowest, but the highest. A physician should be and usually is an individualist. His patients want *him*, not any doctor, and the estimate he can place upon his services is altogether governed by the laws of supply and demand, as far as his particular, personal services are concerned, not as the services of doctors as a class may be rated!

"One feature of unionism appeals to me, and I consider it applicable to us. I believe in limiting the apprenticeship, limiting it in the sense that we make the entrance into the profession of medicine difficult. Let no one be consecrated a minister to the sick unless he be duly qualified by training, by education, to recognize and to understand disease and to manage the individual afflicted with disease. He should first thoroughly understand the technic of his work. Let him not however, be a mere practitioner of medicine; let him be a treator of the sick, a man of tact, a man of honesty, and a gentleman. I am a great believer in the element of *adaptability* as an en-

trance requirement into any profession; in the university career, in the diplomatic service, and in the army and navy career this point is very seriously considered. Why not in the medical career?

"I believe, furthermore, in a united profession with a central autonomy vested in a Court of Honor that should be national in scope; a tribunal before which can be haled the unscrupulous and the incompetent alike, a body that must qualify and may subsequently disqualify a physician; a body with power to restrain and disbar and publicly brand as unworthy members of our profession, those who stoop to venal commercialism, the givers and the takers of commissions, the writers of decoy letters, and all those who utilize the newspapers for blatant self-aggrandizement—also the unscrupulous surgeon who, for the sake of the fee, opens an abdomen for gastric crises in locomotor ataxia, or removes a healthy appendix—in short, a body intended to elevate and to hold up the standards, to give publicity in medical matters when it is to the best interests of the profession and the public, and to impose secrecy when the honor and the standing of the profession demand it.

"With a clean and competent and honest, but of necessity limited, number of men, constituting our profession, with a central governing board high in the esteem of all, there would remain for us the chief task to be carried out that alone can improve our usefulness to the community at large, and to ourselves.

"I mean the increase of medical knowledge, the combating of that tendency to therapeutic nihilism that continues to emanate from the State of Maryland and other localities along our Eastern seaboard, and that casts the blight of its



The Ottawa consumption experiment is under the auspices of the Illinois State Medical Society. A pointer for the rest of you!

Now Keim says that sugar is an oxytocic, a true stimulant to the uterus, useful in labor; ladies beware!

sterile skepticism over all this land. Given peace among us and good-will to all men, and the horrid and exhausting chase for the 'damned guinea' will no longer have to be so strenuous nor so grinding; we will all have enough to live on, and in addition enjoy the inestimable satisfaction, that should compensate us for many material deprivations, of belonging to an honored and honorable profession. We would then find, all of us, more leisure and more inclination to prosecute original research at the bedside and in the laboratory, and above all to *cultivate therapeutic resourcefulness* and thus be enabled ultimately to really more often 'deliver the goods' our patients clamor for.

"We, as physicians, who are in daily contact with the sick, who are painfully awake to the need of new light on a thousand clinical problems, could then assume the task of experimental clinical research that we Americans are temperamentally so eminently fitted for. The more imaginative, the more inventive among us would surely solve many problems that are crying for solution. Nearly every *great* medical discovery has been made by a practitioner of medicine and not by any of your cloistered incumbents of a university chair, whose horizon is circumscribed, who are not in contact nor in sympathy with living problems, who are capable only of pin-point concentration on some specialty. We physicians must attack the problems seriously, that for the present are being played with by a small army of half-trained research fellows under the guidance of a few capable specialists of the above type, and of some medical men who never did nor never will inspire any research work, but whose social or official connections

have enabled them to secure the endorsement of research institutions where science is 'fostered' officially by our honorable multi-millionaires. Little of value has ever emanated from such institutions; what they need is fewer buildings, less real estate, less of the flabby complacency of mediocrity—more of the driving discontent of talent; more brains! Unfortunately the more virile thinkers on this side of the Canadian border are not attracted to places where much independence must be sacrificed to the glory of the millionaire in steel or oil.

"All this will be changed, I hope, some day. We will have a *united*, but not a unionized, profession—free, liberal, honest and honorable; each member carefully chosen, in touch and in sympathy with the people, holding high the banner of Humanity and of Science, and governed by a code of ethics that shall not be stilted nor artificial, but that shall be synonymous with the tenets of this ancient and honorable, aristocratic, international *Brotherhood of Gentlemen!*

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Dr. Croftan speaks as a conservative, and some of his strictures upon the conventional lies *do* seem a little severe—perhaps not always deserved. But the undercurrent running through this fine speech is a plea for higher ideals. In this desire to make our profession better are we not all agreed? We need a clean profession and a united one—and one which gives the people what they need—real help—Ed.

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#### THE DEFERVESCENT COMBINATION—WHY IT IS EFFECTIVE.

I have read with great interest Dr. W. L. Coleman's article on "Dosimetry vs.

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Dionin and veronal are the latest remedies to be suggested for the treatment of morphinism.—*Jour. Med. de Bruxelles.*

Pneumonia is relatively far more fatal in Chicago than in New York. The contrary holds good as to consumption.

Fads" and endorse every word of it. It is like "apples of gold in pictures of silver." It is worth its weight in gold; even the doctor's sneeze at near the end is beyond price in point of value, and in point needs no qualifying adjective.

His great age and long experience add weight to the words of wisdom in the article, and if the doctor will pardon a mere student in comparison with himself, offering a few lines in regard to a part of his paper, I think I might point a medical moral or adorn the medical tale thereby.

To forestall the charge of hair-splitting or verbal quibbling the importance of clear discrimination and the recognition of the nicest distinctions is nowhere more important than in medicine, which in its true character is the most exact of the sciences, and failure to mark these distinctions is the bane of current medicine, and the reason why the old system of extracts and tinctures and powder, and the polypharmacy of half a dozen salts in syrup, with jackass and goat serums and much other truly unscientific medication, is in vogue.

The consideration of these facts leads Dr. Coleman to conclude that "medical men seem to have gone daft."

The one point I wish to take up in the article is the statement that "strychnine is a defervescent," and that "strychnine has the power to triple or quadruple the power of the others," the aconitine, veratrine and digitalin, as defervescents. Now the fact of defervescence following the administration of the trinity of drugs named, and of its tripling or quadrupling on the addition of strychnine I know from personal experience or observation to be a fact, but the statement of the indubitable fact is so crude and general

as to be scientifically incorrect and misleading. Permit me to make good my position in the interest of scientific medicine. Clear discrimination, nice or exact distinctions—hair-splitting, if you will—are here in demand.

We begin with the word defervescence.

It is a compound term, *fervescence*, to grow hot, or fever, *de*, from—*defervescent*, fever declining. Fever, then is heat or growing hot, with the entail. But the question, what grows hot? What occurs when the heat arises? Why did the temperature change? What causes the rise in the temperature and what effects it, or brings it to pass? Was less heat generated, or more dissipated, or both? What happens in the defervescence? What are the factors in the phenomenon, the chief and the secondary or subordinate? Where do the drugs come in and what part do they play? If drugs are defervescent, if strychnine is a defervescent, even directly, and if it has the power to triple or quadruple the power of aconitine, veratrine and digitalin as defervescents, then the powerful part played by drugs is an important matter and should be possible, and is, of definite determination. What is meant by the statement that these drugs are defervescent? They do not defervesce. The change in temperature in which they are factors has no reference to any changes of temperature as to the chemical substances of the drugs. The defervescence is of and in the organism. It is an organic phenomenon, it is protoplasmic. The question before us is this: Specifically and exactly what part do the so-called defervescent drugs play in the decline of the fever?

The "defervescent trinity" (finely convenient term) is given in high tempera-



Traumatism caused 542 fewer deaths in Chicago during 1904 than during 1903. The block system on railways saves many lives.

In 1904 were killed in Chicago 998 by accident, 423 suicides, 135 manslaughters, 324 by railroads, 125 by street cars.

ture and soon the fever declines, or rather the temperature falls. Aconitine alone is sufficient in many cases. The defervescence is the action of the organism originating in the protoplasm of the cells. The only action of the drugs is chemic action, and the decline in temperature, i. e., the protoplasmic action which effects the fall in temperature, is in response to the chemic action of the drugs. The protoplasmic activities which are put on exhibition, so to say, in lowered temperature (which is only part of a very complex phenomenon) and the agency which had effected the growing hot previously, are modified in their activities by the influence of the chemistry of the drugs. Drug action is simply chemic action which is caused by the modified or changed protoplasmic activities, the agencies in all organic phenomena. In this we have the pith and central principle in scientific medicine.

Give aconitine in fever and the temperature declines. Give veratrine and a like response follows. Try digitalin and the response is not the same as before, yet when added to the previous two drugs the defervescence is more complete and satisfactory. (The why of this we can't stop to question about.) When strychnine is added to the previous trinity the defervescence is tripled or quadrupled, as Dr. Coleman shows. A different response follows the administration of different kinds of drugs. We know, empirically, that the protoplasmic response to aconitine is similar to that of veratrine. Why? The response from the exhibition of digitalin is not like that of the two previous ones; the response to strychnine, unlike that of either of the others mentioned. The result of their combination is well known, and raises

profoundly important question for consideration.

The chemic action of aconitine consists in the tumbling apart of its molecules under the influence of its new environments, i. e., within the organism, and their recombination among themselves and mayhap with other atom groups intercellularly or possibly intracellularly. The chemic action of aconitine and veratrine in themselves and with other molecule groups with which they now come into juxtaposition is, naturally, much more complex and the response, protoplasmically, the same in kind but intensified in degree. It happens (I mean in respect to our knowledge) that the protoplasmic response to digitalin, which is not the same as in case of aconitine, is harmonious and helpful in the protoplasmic response from aconitine and veratrine when given in combination with them. It happens too (as before) that the response to strychnine, which is different from either of the others, when given alone is harmonious and helpful in a triple or quadruple degree when given in combination with the trinity of drugs named, an infinitely valuable piece of medical knowledge.

To think out the varied and added complexity of the chemistry of these single and then combined drugs is something startling, the question of incompatibility being an intricate one. When one thinks that, "one gram-atom of platinum diluted to 70 million liters has a definite catalytic effect upon more than a million times its amount of hydrogen" (Cohen) the clinical influence of drugs upon the protoplasmic activities looms up in importance. Slight changes in atom groups, and equally slight changes in temperature, effect and produce



Pneumonia: Veratrum indications: Full, strong, bounding pulse; give to effect little and often; add morphine for nausea.

Pneumonia: Aconite indications: Small, frequent, hard or wiry pulse; hot, dry skin; little frequent doses.—*Ecl. Med. Jour.*

changes in chemic action, and these in turn influence the protoplasmic response. These facts should not be lost sight of in giving of drugs for other than defer- vescent purposes in cases of high tem- perature if, indeed, such administration of other drugs is required or safe.

I have written a much longer "letter" than I intended and have said not half what I wanted to, but have I not made it apparent that the power in defervescence is not in the drugs but in protoplasmic action, which is the response of the or- ganism to the chemic action which is produced in the protoplasm? When this principle is fully recognized the so-called germ theory of disease, and much else in medicine today, will be eliminated or re- modeled and reconstructed in harmony with the clearer conception of the nature of the vital processes, which Virchow came finally to realiz: as the central and vital principle in medicine.

JOSEPH CLEMENTS.

Nutley, N. J.

—:o:—

The mode of action of our remedies will, we think, eventually be made plain in some such way as Dr. Clements has outlined. The rise of the "new chemis- try," the development of the so-called ionic theory, the newer contributions to the subject of immunity are doing much to solve the problems of vital action. The changes in the body are undoubtedly fundamentally chemical. This being the case definite chemical remedies present the rational therapeutic outlets of the fu- ture.—Ed.

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#### WHAT WAS IT?

I should like to report to the members of the CLINIC family, the following case

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Pneumonia: Jaborandi for fever; dry, hot skin; nervous excitement; muscles twitching; patient very restless.—*Ecl. Med. Jour.*

which is both unusual, and so far as I know, unique. The history is as follows:

Etty McC., aged 23, white, came to my office Feb. 23, 1903. On the left arm, at the junction of the middle and upper third, three ecchymotic spots appeared, marking the sites of three vaccinations performed in Pittsburg during an epi- demic of smallpox in that city some months previous. Temperature 102 3-5° F., pulse 96, tongue badly coated, breath offensive, extremely nervous. She said that none of the vaccinations had taken. They were intensely painful, the skin over the spots was smooth and glisten- ing, the discoloration apparently below the surface. A simple lotion was pre- scribed, bowels thoroughly cleaned out with calomel and saline, and the patient ordered to report next day.

During the night I was hurriedly called to her home and found her in the following condition: The entire arm, from the points of vaccination to the elbow, was enormously swollen and ed- ematous. The surface was covered with a yellow blister from which serum was oozing freely. The spots had coalesced, the skin over them was dry and shrunken and presented the appearance of a typical local gangrene. The pain was excrucia- ting, temperature 104° F., pulse 120, pa- tient frantic.

Hot applications were begun immedi- ately of 1 to 3000 solution bichloride of mercury, morphine and strychnine were administered hypodermically and in three hours the swelling had somewhat sub- sided, but blisters appeared on the elbow and over the outer portion of the fore- arm, covering a space about the size of the palm of your hand. Two hours later these new blisters discharged their serum. The skin became dry, shrunken, yellow,

Pneumonia: Bryonia for hard or vibratile pulse; chest pain lancinating or stabbing; frequent hard, dry, irritant cough.—*E. M. J.*



and of a consistency of rawhide. Dr. T. H. White, of Connellsville, was with me in consultation in the afternoon. The patient was anesthetized, the gangrenous area in the upper arm was excised, going freely into the sound tissue, the beginning gangrenous area in the forearm cut down to the healthy tissue, the whole dusted with iodoform crystals, a loose dressing applied, stimulants administered, morphine repeated, and patient left very comfortable.

Feb. 25, I found the patient in good spirits and comfortable; temperature 100 2-5° F., pulse 87; tongue still coated, breath not so offensive, and swelling almost entirely disappeared from the arm with but little pain. She progressed nicely, the wounds granulating freely and clean until March 17th. During that night her father came home gloriously drunk and proceeded to clean out the house, smash the furniture and make himself generally obnoxious.

I was called hurriedly in the morning. The entire scar in the upper arm, and the granulations which had not yet been covered, were a deep purple in color. The forearm had not changed. In the course of the next two hours, and in fact so rapid was the change that it could almost be noticed, the color deepened. Serum was exuded profusely; it dried, became hard, color changed to a deep black and the whole area shrunk and sunk below the surface of the surrounding tissue. Pain was excruciating. Later a white line of suppuration appeared about this gangrenous area, temperature rose to 104° F., pulse 115; patient again extremely nervous, almost delirious. Hot applications were again resorted to and morphine and strychnine administered. The following day poultices were ap-

plied and kept up continually for forty hours. Almost the entire area sloughed out and in a day or so granulation had again resumed.

To make a long story short, this procedure, the appearance of gangrene, its removal by excision or sloughing, the appearance of healthy granulations progressing through an uncertain period, the reappearance of the gangrene, etc., etc., continued over a period of eighteen months. During that period the gangrene recurred fifty-two times. Almost invariably its appearance was coincident with the appearance of the menstrual functions. Often it was coincident with some exciting domestic incident; in fact, the slightest disturbance of the nervous system, whether due to some external cause or to some derangement of digestion or bowel function was sufficient to cause the reappearance of the whole phenomena. The treatment was supportive and eliminative, and along these lines the whole range of therapeutic remedies was well nigh exhausted.

Finally, through a happy (for her) chain of circumstances, she was removed from her family and accompanied by her mother and one sister, took up her residence in a neighboring village. From that time she had but one recurrence, after a very thorough and careful excision. The wound now healed kindly and without incident and she has been well up to the present time. There was never at any other time, any appearance of trouble in any other part of the body, save one. On Jan. 3, 1904, there appeared on the abdomen a spot immediately over the left ovary, which went through precisely the same cycle. This was excised, and while it never healed entirely, it has never again become gangrenous and



Pneumonia: Asclepias for infants; skin dry, cough harassing, pulse fast, chest pains shifting or erratic.—*Eclectic M. J.*

Pneumonia: Lobelia for chest oppression; pulse ditto, bronchioles choked with mucus; full dose in water.—*Eclectic Med. Jour.*

causes her no trouble. I examined her shortly after the appearance of this spot and found the uterus somewhat enlarged, a mucous endometritis, the right ovary somewhat tender, the left ovary extremely tender. The sore on the arm is still painful during each menstrual period, but otherwise the patient is as well as could be expected considering the condition of her uterus and ovaries, which are improving under appropriate treatment.

Now what was it?

E. R. MYERS.

Ursina, Pa.

—:O:—

This is certainly a puzzler. In reading the description of this case the attention is likely to be riveted upon the remarkable local condition—what appears to be a most intense infection with some deadly germ. But if we stop to think a moment, What germ is there which is capable of producing such profound disturbances as these in such an incredibly short time? We can think of none. Then the remarkable reduplication of all the symptoms at such short intervals, and so many times, raises other questions of doubt in our mind. We are not prepared to say that some infection did not play a part in the trouble—but what?

In our opinion the cause of this ailment was hysteria or an allied neuro-pathologic condition. The vaccination scars (too remote as a cause of the local affection) were the foci for the morbid attention of the patient. The remarkable rapidity of the appearance of the skin lesion, the frequency with which it was repeated, the association, in practically every case, either with a nervous or psychic storm or the menstrual period,

the disappearance of the skin trouble with removal of the nervous stress, the tender ovaries (hysterogenetic zones), the fact that there is no history of other similar infections in the house or the locality, the patient's age, a neurotic inheritance (probably)—all these point toward hysteria. Yet this is a remarkable case and it is not safe to be too positive. We'll pass it on to the CLINIC family.—Ed.

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#### PREScriptions VS. SINGLE REMEDIES.\*

The employment of the active principles in medicine strongly opposes the habit of depending on prescriptions. Given, a remedial agent whose effect is uniform in the nature and the degree of its action, and the physician learns to study his case till he sees the indication for this remedy, and then he administers it until he perceives the effect he desires. If he has correctly estimated the need, and knows the remedy, the result is not doubtful, but absolutely certain. His therapeutics takes from this a character of precision, of decisiveness, to which no approximation could be had under the old system. Hence, the use of active principles leads to the selection of single remedies for single indications. To give two or more medicines for a single indication would needlessly complicate matters, obscure the result, and hark back to the old, idle, vicious system of giving a number of remedies in the hope that some one among them might happen to meet the true indication, which is not really recognized by the prescriber but only guessed at.

\*Reprinted from the *Illinois State Medical Journal*.

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Pneumonia: Ipecac for early stage, with irritation, hacking cough, persistent; small hourly doses.—*Ecl. Med. Jour.*

Pneumonia: Sanguinaria for later stages; mucus irritating but not raised, small hourly doses.—*Eclectic Medical Journal*.

Numerous prescription books find ready sale. The most popular work on therapeutics is that which contains most prescriptions. The pocket case records are padded with prescriptions, that the practitioner may turn to them and select a formula that he guesses may fit his case, trusting neither his own knowledge nor his memory. Possibly some retentive memory may hold the formulas for brown mixture, compound cathartic pills and chlorodyne, but the writer does not believe one physician out of ten thousand who daily prescribes these can give the formulas and tell what indication exists for each of the ingredients, and how to ascertain whether the effect of each has been secured, and just enough of the desired effect and no more.

If the practitioner will learn the effects of each remedy singly, so that he can thus recognize it when manifested, he will be an accomplished therapist, far above the ordinary physician. He will not allow a patient in a hospital, under trained nurses, to die of strychnine poisoning and never suspect it until the victim is buried. He will at once distinguish between the phenomena attributable to the disease and those due to any drug that may have been taken. And this does not seem too much to ask of the man who holds the lives of the sick in his hands.

But the use of single remedies to meet single indications does not imply that but one remedy is always indicated at the same time. Disease is rarely so simple. In its causation, its pathologic nature, and its phenomena as they develop, there are frequently more than one indication presenting. We may therefore administer several medicines at the same time, each to meet its own specific need.

We have then to watch for the desirable effects of each, ready to increase, diminish or suspend it, without reference to the other agents given simultaneously. Hence we rebuild the prescription we had demolished, but on a totally different foundation. Instead of a formula for typhoid fever, we have a combination of one remedy for the fever, another to sustain the heart, a third to disinfect the bowels, a fourth to subdue the tendency to nocturnal delirium, etc. And each of these remedies is given in doses nicely adjusted to meet the needs of that particular person, at that particular time, and is discontinued when the need has passed away. Thus the "prescription" may be varied every day; and is never the same for any two patients. It is a garment cut to fit the wearer, but elastic, expanding and contracting as the abdomen is filled or emptied, thickening as the days grow cool and becoming thinner when summer approaches. The old prescription is a suit of armor; if it does not fit you, and the enemy is at your gate—well, you can run faster without it.

Another step we have taken—a long one—and we must confess, a step backward. In some cases it has been found that the study of the conditions presenting in disease reveals a group of associated phenomena occurring together so frequently that a certain combination of remedies is indicated with corresponding frequency. This has led to the use of certain compounds for many cases. There are advantages and objections to this. The advantages are found in the ease of dispensing and taking a single granule instead of a number. The disadvantages are that the same dose and frequency of dosage is employed for different persons who may not respond



Pneumonia: Echinacea for sepsis, tissues full and dusky, a splendid remedy, then, in small, frequent doses.—E. M. J.

Don't be 'hidebound or stand in your own light: if the eclectics have anything good, why not avail yourself of it?

similarly to each ingredient. Moreover, the use of these compounds tends to renew in the practitioner the very fault we have been trying to eradicate—the dependence on set and inelastic formulas.

When the physician gets beyond the “a-b abs” of his work and begins to see beyond disease—names into disease—conditions, the phenomena of the vasomotors must impress him with their importance. In all febrile maladies and in a majority of others they are of cardinal importance. We know but little about them—we do not as yet know certainly whether we possess one, or two, or any special sets of vasomotor nerves—but the little we do know is priceless. To many physicians this talk of vasomotors is mysterious—it is Greek, or worse, Hebrew, or even Aramaic. But in reality it is simple enough to be explained on mechanical principles.

Take as an example pneumonia: The beginning of the pulmonary inflammation sees an increase of the blood in the pulmonary capillaries—ergo, their caliber is increased, and this means that the vasoconstrictors are weakened, or parietic, since they are unable to maintain the normal caliber of the vessels by normal tonicity. This vasoconstrictor paresis indicates the use of digitalin or strychnine, which directly antagonizes it and restores the normal tone. It comes under the category of foods then, since it imparts to the cells what they require to restore them to the state of normality.

But this state of vasomotor paresis is not universal over the entire body, but only in the “inflamed” tissues. There is no reason to believe that the total quantity of blood in the body has been increased; its distribution has been disturbed, the circulatory equilibrium has

been destroyed. As there is too much blood in the pulmonary capillaries, there must be too little in some other vessels. The caliber of the latter is therefore lessened, the vasoconstrictors are too strong for their antagonists, or are in a spastic state. We find that aconitine or veratrine will relax this spasm and restore the circulatory equilibrium by permitting the surplus blood to flow out of the dilated pulmonary capillaries into the vessels which should contain it.

By adopting either of these methods we combat the condition presenting in pneumonia, and accordingly we find one set of practitioners stimulating the parietic vasomotors with strychnine, digitalis or ergot, while another set relax the spastic vessels with aconite, veratrum, antimony or blood-letting. And each rightfully claims that the treatment is of benefit and saves far more patients than does the expectant, do-nothing method.

To the genius of Burggrave we owe the discovery that both principles of treatment may be applied at one and the same time; that we may dilate with aconitine and contract with digitalin at once; and that the results are better than when either of these methods is employed alone. At first sight this doctrine seems absurd—for how can we stimulate and sedate at the same time? But this is perfectly in harmony with the behavior of the cells of the body toward foods. All the supplies for the body circulate equally through the blood; the bone cells appropriate lime, the nerve cells fat and phosphorus, the muscle cells iron, the other cells take exactly what they require to maintain their physiologic balance, and no more. We do not find either taking what may be required only by others. If each takes what it requires



Scarlatina: Baptisia for sepsis with dusky eruption, tongue and mucosa, says Harrison.—*Eclectic Medical Journal*.

Scarlatina: Gelsemium may be called for by the usual indications with nervous irritability.—Harrison, *Ecl. Med. Jour.*

to maintain equilibrium, why draw a distinction between foods and medicines? There is none in reality. If the cell will be restored to equilibrium by a particle of aconitine the cell takes up the aconitine; if another cell requires strychnine, it takes it up, because that is what it requires. Hence the blood may carry both to every cell, and each will take up that for which its needs create an affinity; and physiologic equilibrium results. Hence the prescription of aconitine and digitalin together is based upon simple and easily comprehensible reasoning.

Digitalin has besides the important property of sustaining the heart, and this is universally admitted to be a cardinal necessity in the treatment of fevers. In some cases, known as asthenic, there is a greater need for such sustaining, and here it is customary to add strychnine arsenate, completing the celebrated trinity or triad of Burggræve. In other cases, known as sthenic, there is need for the heart-action to be moderated, and for the doors of elimination to be opened widely, and for these purposes Abbott added veratrine to the basal aconitine and digitalin, forming the defervescent compound. The indications for one or the other of these combinations occur so frequently that they are usefully employed in a single granule. In treating fevers it is easy to change from one of them to the other, and back again, as the indications vary from day to day.

Somewhat different in its nature is a combination frequently employed for the relief of pain of a spasmodic character—and very many such exist, like the colics. The agent indicated is the most powerful of antispasmodics, atropine. To this we add glonoin, because it dilates the blood-vessels quickly and allows the

atropine to be more rapidly absorbed and carried to the seat of disease. Glonoin relaxes spasm quickly but its effects are evanescent; atropine prolongs and sustains the effect. To these strychnine arsenate is added, for this reason: Spasm is not to be looked upon as an excess of nervous energy but rather the contrary. When the control of the nerves over any structure is weakened the first effect is spasm, which precedes paralysis. The use of strychnine in appropriate doses therefore increases the control of the nerves over their subject tissues, and in moderate doses combats the tendency to that disordered action that comes from imperfect control, which we denominate spasm. These three remedies therefore form a third triad, and one that is frequently required.

To illustrate the difference between these prescriptions and the older ones, take one purporting to come from one of the most distinguished therapeutists of the day—a man who knows better: For asthma he recommends belladonna, hyoscyamus and stramonium. Each of these contains the alkaloids of the *Solanaceæ*, atropine and hyoscine, in uncertain, variable quantities and proportions. Give any one of them, and you may get the action of atropine or that of hyoscine, in any degree from none at all to a toxic or even lethal effect. That makes two uncertainties to each—or six from the three.

Now if the physician deems it best to obtain the effect of atropine and hyoscine together—they are antagonistic over a portion of their fields—why not give exactly as much of each as he deems advisable, instead of trusting to chance for his results? Of course, the chances are that he will get an atropine effect,



Scarlatina:—Echinacea for intestinal sepsis; for diarrhea of typhoid type, the intestinal antiseptics.—*Ecl. Med. Jour.*

Scarlatina: Lymphatic complications call for phytolacca, iris; painting over glands iodine, phytolacca, stillingia or veratrum.—



little if any modified by the hyoscine, which is generally smothered under its powerful sister. But why not then give the atropine at once in definite doses, whose effects are so well known that the nurse may be directed just when to stop? By this means all possibility of an overdose or an underdose is avoided. All that is necessary to say to her is: "Give the medicine until the patient is relieved; or until she says her mouth is getting dry."

With the combination of three solanaceous galenics it is necessary to add: "But the medicine may not do either, but put her to sleep; it may stimulate or sedate her; and you will have to watch for either of these effects."

Some clinicians may have nurses who can be trusted with such directions; but we have found uncertainty as to the effects to be expected from medicines about the most disastrous lesson that can be taught the attendants of the sick, breeding doubt and timidity as to the drugs and corresponding distrust of the doctor who does not know what his medicines are really going to do. Directions to nurses can not possibly be too simple and easily comprehensible.

W. F. WAUGH.

Chicago, Ill.



#### THE METHODS OF "OUR FRIENDS THE ENEMY."

We have at all times tried to be modest and above all never tried to be conspicuous. It seems now "patience has almost ceased to be a virtue." Tuesday evening last our attention was attracted to the program of the Jefferson County Medical Society. Dr. Phillip

Barber was down for a paper before that august body on the "Alkaloidal Treatment of Bronchopneumonia." Now, not being a member of that society (for reasons best known to ourselves), we simply strolled in to hear the "alkaloidal crank," and in our humble opinion he handled his subject well and his claims were modest, his experience extending over eight years of practice.

He summed up the whole by stating that aconitine, digitalin, strychnine arsenate and veratrine were the great life savers and when given early and to effect, would abort most cases of bronchopneumonia; when given later the mortality would be greatly decreased in this most dreaded affection. There were only five of us "cranks" present when the other four had finished their little cranky talk.

I only wish you could have been present to have absorbed at least a little of the wisdom that came from the old fossils of the ancient university. Question one, by Dr. G., a professor for forty years, very sarcastically: "We can see how we would give aconite to an adult, but, Doctor B., will you tell us how to give this dangerous and deadly drug, aconitine, to an infant two months old?" You, of course, know the answer. But, when informed, he didn't say, "We will try it." Another gentleman, unknown to us, wanted to know how Dr. B. would know by the mother's testimony whether the child was better or worse. Poor fellow! I really felt sorry for him, for we have learned from practical bedside experience that an intelligent mother knows more, as a rule, about her infant being sick or indisposed than



Scarlatina: Apis mel. given continuously during the entire course of the disease will often prevent albuminuria.—E. M. J.

Mucous pallor indicating anemia is due to the need for alkali to thin the blood and permit it to enter capillaries.—E. M. J.

the average galenical physician, and, when it comes to the ignorant mother, she will do what you tell her to do. And we always say, "If baby don't get better let us know." That settles it, the baby gets better! Can the old fossils say as much for their galenicals?

Our friend, Dr. Boggess, professor of Diseases of Children, Kentucky School of Medicine, came over and, as we thought, would stand "pat" with us; he held his own until nearly through his little argument; then he fell "in the soup" by saying "we" had "not been able to isolate the active principle of Old Kentucky Bourbon or good old brandy!"

But "the most unkindest cut of all" was when our friend, Dr. J. P. Hopson, arose to "*et tu Brutus*." His little tirade was not directed against the remedies so much as against our gallant leader, Dr. W. C. Abbott. He "had received many samples and requests to give the alkaloids a trial and he had tried faithfully to get "results," but never could; in fact, it was "too much trouble to learn all over and begin again on active principles." Of course he had read your journal some and, after paying due consideration to the whole he raised himself up to his full stature and candidly admitted his "sheet anchor in bronchopneumonia and 'any old kind' of pneumonia was bichromate of potash!"

It's really too bad, Doctor, for once not knowing how to write, and having been kindly criticised by you for my horrible chirography I made a solemn promise not to write you another long letter. But let me say to you here and now, I once won a prize for being the best scribe in the State College of Kentucky

writing school. That was before I went to medical college and took notes. But this Jefferson County Medical Society put me into such a jolly mood I determined to let you know what a hard line of missionary work we local "alkaloidal cranks" have to do.

Now we never could let our friends be abused in their absence, and when it comes to a talking match we can hold our own in any old kind of company. I didn't want to expose our friend Hopson, but we do want to tell him he has not used enough of the active principles to know the color of an aconitine granule! I should love to camp on your trail about twenty-one days, then join the Jefferson County Medical Society and read a paper on the "History of Alkaloids" and incidentally call attention to a few of our good eclectic brothers and their remedies. Then possibly they could see the force of this joke the gentleman got off on a waiter:

He said he wanted two eggs, one fried on one side, the other one on the other side. The waiter came back from the kitchen in a few minutes with: "Mistah, the cook and I is in an argument; would you just as soon have dem eggs scrambled?" Now, we don't hold a monopoly on all the good drugs. But we have enough of the rifle-shot to hold our own in any kind of company.

I claim to be the first man in Jefferson County to use active principles. I have received the CLINIC since 1895. If we could only be of some service in helping to convert some of these dear good old fellows to the alkaloids then we could rest easier, knowing our duty to the profession and also to humanity had been done well. But our good book says: "Live at peace with all men" (so



A pale tongue with foul coating indicating sepsis calls for sodium sulphite, which will work a cure.—Henderson, *Ecl. M. J.*

Red mucosa with tendency to capillary hemorrhages indicates excess of alkaline salts in blood—give acids.—Henderson.

long as it's possible) and when we cannot persuade them, "leave them alone in their mire." But we think there is a good time coming; we may not live to see the day, but "earth shall gladden in the day of the good time coming."

I trust that you may live to see the day when the fight has been pushed clear through the camp of the enemy and that those who are blind now may then see.

S. D. W.,

—, Kentucky.

—:O:—

We wish we had been there to hear Dr. Barber, but we would rather have seen you get up and have your say for we believe you have told them something worth knowing. It seems outrageous, doesn't it, to think of a professor asking how to give aconitine to a two-months'-old child? And it does seem remarkable that an intelligent and successful physician should try to "get results" with the active principles and fail. We suppose that pneumonia has been treated with potassium bicromate. It seems that it has been treated with everything from gin phiz to ice water and, as you will note, the pneumonia death rate is very large.—ED.

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#### SOME ACONITINE GRANULES DON'T DISSOLVE.

In a recent CLINIC Dr. Jones speaks of the granules and tablets (at least some of them) as being "inert," owing to their "insolubility." Now I am one that will "die in the faith" of the alkaloidal way of preparing remedies and treating disease. Knowing you will thank me, as you

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*Merck's Report* for December lists an anti-syphilitic serum, from animals inoculated with infected human blood. Know of it?

did Dr. Jones, I want to call your attention to the aconitine granules.

When I put them in warm water (very warm) it takes hours and hours for them to disintegrate, and if I use an instrument to mash them or help them to dissolve there is the residue or covering left entire, this seeming to be indestructible by water. Now this is a serious hindrance to their therapeutic value, for I am sure that in at least some cases they pass through the entire alimentary canal *in statu quo*. This is said in the spirit of friendship, as I know you desire to be made aware of any deficiency.

Dr. J. H. F. recently sprung a "new one" on me; that it is dangerous to give the primary cleaning out in measles that is so essential in other ailments, because of danger of hemorrhage from the bowels. I want to say that I first inquire about the condition of the bowels and unless they are in a satisfactory condition I use purgatives, almost invariably—to effect. If the tongue is coated I use hydrochloric acid; if not, I use either oil or saline, and I have never yet, in twenty-five years' practice, had any bad results from the "clean up and clean out" process.

I am especially fond of the "little giants," and I only wish I was so situated that I could confine myself entirely to them in my practice, but a country doctor can't do this.

Now, Doctor, I want you to either compliment me or "rap me a kick" or two, as may be needed in a case I will now state to you:

Long since, a patient of mine living about four miles in the country came in to see me for his ailment, which is hard to describe. However I will tell you

To prevent nausea after ethyl chloride, rub vinegar on the upper lip as soon as the operation is finished.

enough to be able to form an opinion. This man has been in a bad way for a long time, having been treated by several physicians, but with little benefit till he came to me. Yet, in his improved condition, he has some kind of a "spell," mostly due to a complication of hospital treatment and cardiac weakness. He got out of the buggy at the time I allude to, and came directly into my office. I saw that he was looking pale and very weak. He said: "Doctor, I am feeling very queer." It looked like a case of want of circulation, so I gave him a granule of 1-250 of a grain of glonoin and in a few minutes I gave him another, and in less time than it has taken me to write this his face took on a purple color and he became very much frightened, but I assured him he had the medicine needed for his condition. He soon "came around" all right but I am told, all the same, he and his friends are telling around that I "gave him poison and nearly killed him." Please tell me if my treatment was not just right.

A. C. H.

—, Alabama.

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The sequel of the story so far as the insoluble granules is concerned, is told in the following correspondence. We do not mention the name of the firm making the goods for obvious reasons. Writing the doctor a general answer to his letter we said:

We appreciate your calling our attention to the difficulty you have experienced with the aconitine granules. We should deem it a favor if you will bundle up the granules, or some of them, and send them to us at once. We have tested granule after granule (not in *hot* water but in *cold*) and in less than five

minutes (with the most gentle agitation) the solution has been complete. In the writer's experience (and he has dispensed thousands and thousands of aconitine granules) it has never been necessary to "mash" them. We cannot understand how such a thing can occur as you describe. We shall be more than pleased to have the opportunity to see these granules and find out what has occurred in this instance.

As regards your giving of the glonoin granules, it is impossible for us to state whether you gave the proper medication in the case or not, for we do not know just what condition the patient was in, but if he was pallid and showed signs of cardiac failure or circulatory stagnation, the amount of glonoin you gave him should have been nothing but beneficial. Bear in mind, Doctor, that glonoin often causes the phenomena you describe. Some patients have a peculiar susceptibility to nitroglycerin, and a single granule will caused marked flushing of the face, beating at the temple, and a feeling as though the head were about to burst.

We should advise you to take no notice of the foolish report which has been spread, but to go on your own way in a dignified manner and live it down. You need have no anxiety as to having made an error, but *entre nous* it may have been possible that it would have been better to have given this man strychnine and cactin than nitroglycerin. Look up nitroglycerin and its action and you will know just when to give it and when to leave it alone.

A day or two later the following answer was received; it speaks for itself and all the comment we would make is that it is essential to give granules of the active principles that *are* active. Cheapness and beauty of container don't count after all, when it comes to life and death. *Then* it's drug action that is wanted.

In reference to the aconitine granules I wrote you about I am glad to state that



Darwin gave thanks that he had been preserved from the snare of becoming a specialist! says J. Arthur Thompson.

An editor, asked what weather was likely for next day, replied: "It will resemble your subscription." Unsettled!

by a mistake of my own (being of necessity, as I was out of the granules I usually use), I had transferred to my pocket case aconitine granules of ——— make, but as I said I could get no results from them, as they would neither dissolve nor show results in reducing fever, as I had been taught to expect. I have never failed to get results when the goods were right.

A. C. H.

The moral is plain enough, isn't it?  
—Ed.



#### WHY SOME MEN FAIL WITH THE ALKALOIDS.

After much deliberation in the use of the alkaloids and the perusal of the CLINIC as it comes to me each month, I am prompted to write you regarding the reasons why so many members of the profession are somewhat slow to adopt alkaloidal medication. It is plain that many men who are not used to this form of medication will, after a short experience, discard many of the alkaloids because they do not learn the essentials of administration; too often they make poor combinations of their remedies and therefore fail to obtain the results looked for.

I had something of this feeling myself after a short practice with them, but that is all subdued now, after a "married" use of your granules. I could plainly see when first becoming acquainted with them that your principle was right, but it only depended upon experience in handling them and methods of application to perfect the rational opinion as to their efficiency. Many physicians expect too much too quickly, or, in other words, they do not take the time to study

into the essential details; instead of doing this, I fear they are too apt to adopt the proprietary remedies, almost to the exclusion of ethical methods of practice. I may be in some measure deciding wrong, but I feel that this is an easy tendency and quite possibly one that can easily dominate the busy man. By steady and persistent work on the right track, there is no trouble in conquering almost anything, and by mastering the action of a remedy it is easy to see that any sensible man will learn at least that the effect *in toto*, of a pure drug, exclusive of the "dregs," will be much more certain and more agreeable to the patient and doctor, while the trouble of ridding the *primæ viæ* of the drug residue is avoided.

I will tell you what I did in a case of hiccough last June. The patient was a male, age 75 years; had a sluggish liver and general indigestion. He had hiccoughed for two weeks and all the old-time remedies had failed to check the trouble except for a few hours, hypodermics of morphine doing the best work. I had just received your Digest (thanks to you for it), and after concluding that the nervous system must be at fault, I gave cicutine. He never hiccoughed after the second dose and made a fine recovery. He is alive and well today. Two years ago I saved the same man with emetine when he couldn't "raise" the phlegm in a serious form of grippe.

Thus I want to compliment you on what you, with your associates, have done for the benefit of the profession and secondly for humanity in general, for I am satisfied that many patients survive hard sickness that would have had



Dry heat may be applied with benefit for rheumatism by packing the affected limb in dry hot sand.—*Ther. Gaz.*

Graf has confirmed Paladino's discovery of coffearine, a second alkaloid in raw coffee.—*Merck's Report.*



hard work to do so under old-line methods. I am in no way flattering you, for this is one of the things I despise. I am slow to "grab" at new things, but I am your "friend" in the new ways you have pointed out to us, and I am sure that the profession in general will come into the ranks as soon as they study into the intricacies of your principles, and take time to find out their merits.

I would not pretend that I have mastered the principles of alkalometry, or even more than a small part of it, but the point I wish to make is, that I can readily see how very many of the busy medical men will discard remedies when they fail to get the desired action the first time they try them, and thus throw aside what, in times of need, may be their best friends.

F. C. MORGAN.

Felchville, Vermont.

—:O:—

It is giving the right thing at the right time and in the right quantity which counts. The doctor is "out for effects" and how can he be sure of effects with remedies of constantly varying strength and filled with possible irritants and useless by-products?

Doctor, just because you *are* slow to "grab at new things" we appreciate your letter the more and your words of appreciation go to the right spot. But one thing we wish to emphasize: The principles of alkalometry are *not* hard. It is simplicity itself—because it is concentrated common sense. Every doctor should read the Digest and re-read it, then get copies of Shaller's Guide and the new Alkaloidal Therapeutics and before he knows it he will find himself on the "ground floor." But a superficial

knowledge of anything is unsafe. Doctor, we hope you will write again and tell us more of your experiences with the alkaloids.—Ed.



#### PALATABILITY PLUS POTENCY.

Just one of those happy illustrations of the advantage of the active principle granules over the old style preparations was offered at Bradford, Pa., recently. A local physician desired his patient—a lady—to take a mixture of the fluid extract of *avena sativa* and prickly ash bark. The druggist made up the prescription and handed it to the customer. Shortly she returned, stating that she "would die sooner than take another dose." The druggist curiously tasted the concoction and promptly vowed that hereafter he would take people's word as to the nastiness of things. While his mouth still required neutralizing the physician who prescribed the horror came in together with an alkalometrist. The druggist, not wishing to keep all "good" things to himself, asked the doctor to try the medicine. He poured out a dram into the graduate and the thoughtless M. D., forgetting the old adage that "a man should never take his own medicine," downed it. Then "there were expressions" as Aunt Martha put it.

The alkalometrist smelled the bottle (only *smelled* it) and, after finding out the ingredients, delivered himself of Wisdom thus: "My brothers; you see how easy it is to make a patient sick even though he were not so before; you also see how promptly you can get people into the habit of patronizing the homeopath whose medicines, at least, do *not*



Coramilas calls attention to the action of carbon disulphide against tubercle bacilli parasiticide, antizymotic, etc.

There is no special vasomotor contractor nerve, the function being exercised by the general motor nerves.—Sajous.

turn the duodenum inside out. But, were you versed in modern methods, you would not offend the taste of your patients, neither would you have personally, 'bitter experience' like this. The active principle of *avena sativa* is avenin: that of *prickly ash*, xanthoxylin. Each of these is prepared in sugar-coated granules of the strength of one-sixth of a grain. One teaspoonful of that abominable decoction would presumably contain half a grain each of the active principles. Therefore, if you gave three granules each of avenin and xanthoxylin you would be sure of getting the full drug effect and your patient would not know that he had taken medicine. Neither you, Doctor, nor you, Mr. Pharmacist, can tell positively how much xanthoxylin there is to the dram of that fluid extract of prickly ash bark. Its therapeutic activity depends upon just that point however—though it would be just as *nasty* if inert. The same with your concentrated tincture of *avena sativa*. But, if you give the alkaloid in certain dosage you know that it must be absorbed and, therefore, you are *sure of results!* Permanency, potency and palatability, gentlemen, are the characteristics of the alkaloidal granules. Non-effectiveness, nauseousness and non-reliability mark the fluid preparations."

And there and then two converts were made for alkalometry.



#### THE ETERNAL PROBLEM.

"This world is very funny,  
For no matter how much money  
Man is earning he will spend it, and be  
hard up all the time;



The dilatation of blood-vessels containing muscular coats is due to the elasticity of the coats, not to an active vasodilator nerve.

To his utmost he is straining,  
To catch up without attaining,  
'Til he makes his life a burden when it should  
be bliss sublime.

"He who earns a thousand merely,  
Thinks two thousand dollars yearly  
Would be just the figures to make happiness complete;  
But his income when it doubles  
Only multiplies his troubles,  
For his outgo then increasing makes his  
both ends worse to meet.

"It is run in debt and borrow,  
Flush today and broke tomorrow:  
Financiering every which way to postpone the  
day of doom;  
Spending money ere he makes it,  
And then wondering what takes it,  
'Til he, giving up the riddle, looks for rest  
within the tomb.

"Oh, this world is very funny  
To the average man whose money  
Doesn't quite pay for the dancing that he  
does before he should;  
And he kills himself by trying  
Just a little higher flying  
Than is suited to his pocket and his own  
eternal good."

Now, the above doesn't appeal to the druggist, who gets what is coming to him and a rake-off out of the doctor also—and that last just makes up the little extra he needs to make him truly happy. But the doctor! He finds it hard to make both ends meet, because a share of his earnings goes to swell the bank account of another man; and that leaves just so much of a deficiency for the doctor to sweat and walk the floor about.

The average man makes an average living, and no more. When someone has more than this, some other one must do with less. Is it too much for a man to ask for his earnings?

Dilatation of the capillaries is accomplished by contraction of the larger vessels—it is simply elasticity.—Sajous.

# AMONG THE BOOKS

In the *Practical Medicine Series* we have the volume on *Anatomy and Pathology*, by Dr. Evans; *Physiology and Bacteriology*, by Dr. Gehrman; and *Dictionary of New Words*, by Dr. Wm. Healy. The last is indispensable in reading medical literature nowadays. Price, \$1.00.

The volume of the same series, for September, 1904, contains: *Skin and Venereal Disease*, by Dr. W. L. Baum; *Nervous and Mental Diseases*, by Dr. H. G. Patrick, with the collaboration of Dr. C. L. Mix. Price, \$1.00.

If we do not speak of one volume as much as we do of another it is only for want of time and space. But we feel compelled to repeat what we often said, that this series of volumes fills a real need of the plodding every-day practitioner. Success to it in days and years to come.

The July, 1904, number of the *Practical Medicine Series of Year Books* is one of the best we have ever seen of the series. It gives comprehensive yet succinct available accounts of last year's progress in *Materia Medica and Therapeutics*, and a fine work it is, edited by an expert in that line, Dr. G. F. Butler; *Preventive Medicine*, by Dr. H. B. Favill, is meeting the growing demand for that department. *Climatology*, by Drs. Bridge and Claypole, makes us more acquainted with the climates available in our country for our patients. *Suggestive Therapeutics*, by Dr. Brown, is short, no more than is needed. And so is the

excellent paper on *Forensic Medicine*, by Dr. Moyer.

The price of the volume is only \$1.00. What physician is not guilty, if he does not get this volume? Better get a volume every month for only \$5.50.

Cheap and yet useful is *The Perpetual Visiting and Pocket Reference Book* of the Dios Chemical Company. Ten cents for postage.

Between typewriter and proofreader I was made, on page 1326 of the last December CLINIC to transgress the time-honored commandment, "*De Mortuis nil nisi bonum*." On line 12 from the top, 2nd column, they made me say of the late inimitable Charles Godfrey Leland that he knew "no" better, viz., how to get out of a dilemma. I never thought of saying such a thing of the maker of Hans Breitmann. Please, reader, refer to that page and read "now" for "no."

*Hare's Practical Therapeutics* has now reached its tenth edition and has been thoroughly revised and largely rewritten. Only two years ago last August we reviewed the ninth edition, then just issued, and conscientiously said many good things about it. But this enlarged edition deserves even more. It is truly up-to-date, that is, if it is possible for a book in this department of medicine to be so at the end of the time that expires between its issue and its earliest reviewing. To be up-to-date now

we would have to review a book before reading it (as the manner of some is) and even before its publication.

We heartily commend this volume to the physicians and students who want to know all of medicinal and non-medicinal "Practical Therapeutics." It is in the main an excellent résumé of present knowledge upon this important subject—one of the best that we have. It is always practical and generally accurate. There is one exception, however, to be made here, especially for the alkalometrist, and that is what the author still says on page 63 about the alkaloidal aconitine, that it ought never to be given internally. This statement prejudices and prejudices against the use of *aconitine amorphous*, which is used and has been used for the last thirty years by the French dosimetrists and American alkalometrists by the millions of granules, without a single mishap. But there are certain things against which even the gods fight in vain.

The publishers, Lea Bros. & Co., set the moderate price of \$5.50 upon this book.

*Mechanotherapy and Physical Education* makes volume VII. of Solis-Cohen's System of Physiologic Therapeutics. The subject is excellently and fully treated by Dr. John K. Mitchell. Comprised further in this volume is a thorough work on Physical Education by Muscular Exercise, by Dr. L. H. Gulick, and Physical Methods in Ophthalmic Therapeutics by Dr. W. L. Pyle. This volume, we regret to say, is, like the other ten volumes, not sold separately. The eleven volumes are published

by Blakiston's Son & Co., at \$27.50. The amount and thoroughness of information given in this volume is unqualifiedly the best in medical literature. Every subject is written monographically by a thorough master.



From W. B. Saunders & Co., Philadelphia, we received for review of their Question Compend, *The Essentials of Anatomy*, by Dr. Nancrede; of *Materia Medica and Therapeutics*, by Dr. H. Morris; of *Bacteriology*, by Dr. M. V. Ball, and of *Nervous Diseases and Insanity*, by Dr. J. C. Shaw. The volumes are all revised and brought up to the examination requirements of 1904. The price is \$1.00 per volume. These "Essentials" are not intended to teach us the subjects exhaustively, but they will certainly show what we do not know of them, and like good friends will show us when we are likely to fail.



*Die neuesten Arzneimittel und ihre Dosirung, inklusive Serum und Organtherapie in alphabetischer Reihenfolge, für Aerzte und Apotheker bearbeitet von Sanitätsrat Dr. Peters, prakt. Arzt in Bad Elster. Vierte Auflage, Leipzig und Wein, Franz Deuticke, 1904. Cost \$2.00.*

In the July CLINIC of last year, page 758, we noticed favorably H. Bocquillon-Limousin's *Formulaire* as a book wherein "the latest remedies which have not yet found their place in our (the world's) pharmacopeias, can be found." That little book is in French. The book noticed above is in German, and is far more full, and exceedingly useful for



Agents that we speak of as contracting the capillaries simply increase the tonicity of the elastic walls.—Sajous,

The contraction of the larger vessels—arteries and veins—is antagonized by the elastic force of the capillaries.—Sajous.

the educated physician. The remedies and indications are given in an objective, impartial manner, together with places and prices. There ought to be enterprise somewhere in this country to reproduce the contents of these two valuable books in English, and continue to issue them with such additions and improvements as American practice is capable of giving.



*Ups and Downs of a Virginia Doctor.*  
By C. A. Bryce, M. D., Richmond, Va.,  
Editor of the *Southern Clinic*.

Years ago there came into our office a long, lean, sandy Virginian, who looked straight at you, with a somewhat defiant gaze as if he was expecting antagonism and ready to meet it more than half way. That was Bryce. We looked him over, concluded that if we ever got in trouble Bryce was the man we would feel comfortable to have at our back—and then and there began a friendship that has since endured and will endure as long as life shall last. Bryce is one of a type we love—big-hearted, honest, unassuming and without a mean drop of blood in his body. He started out in his native state with a big capital—his native worth. He was not of the haughty clique that arrogated to itself the earth, but like Patrick Henry, one of the plain people; and his path was not strewn with roses. But without wealth or social support he fought his way to recognition and held and holds his own among the proudest of the profession in his native state.

In this little book he has given us one of those delightfully naive personal pictures that reveal the writer to us and



There is a difference in the effect of atropine and of strychnine on capillaries. Sajous generalizes too far.

endear him at the same time. It's just Bryce from first to last; his stern determination to succeed by sheer grit and hard work; his big kindly heart, and the half-aggressive attitude caused by the rough shoves he received in his earlier days, typifying in himself that "every knock can be made a boost" if rightly taken.

We might call it a family book, as the name of Mildred Bryce on the engravings shows the participation of his gifted daughter—but does not a real man become in a manner merged in his family so that his work and theirs become inseparable?

The story is one of those that read best between the lines, for thus we gather the life history of a typic American, one of the class who make the country what it is—a place for the honest worker who will push his way up despite all obstruction. Place it beside Carnegie's book of advice—we forbear to compare or to comment. Send for this book—just a dollar that you will never miss, to the author or to the CLINIC.



*Multiple Personality; an Experimental Investigation into the Nature of Human Individuality.* By Boris Sidis, M. A., Ph.D., and Simon P. Goodhart, Ph.B., M. D. This book discusses phenomena which are of peculiar fascination, since they touch the borderland of the known and the unknown. The basis of author's studies is the neuron system, which with its aggregation of nerve cells acting in groups, as units, is made the prototype of human individuality. "Personality," they say, "is but relatively a unity, it is really a complexity of many subordinate

The crying need today is for good working theories on which to base a rational system of therapeutics.



units." In other words it is possible for a portion of a person's "individuality" to be detached, *en bloc*, and go to house-keeping for itself! Many interesting examples are described and explained on this basis. Much of the phenomena ascribed to spiritism and the like are shown to be capable of rational comprehension.

The greater portion of the book is given up to the discussion of a very remarkable case of double personality which the authors had an opportunity to study in detail: This was the case of the Rev. Thomas Hanna, who following an injury, completely lost remembrance of his past life and became an infant again, without coördinated movement, color sense, speech or even the ability of feeding himself. These faculties were gradually restored. He learned to read, write, speak and reason, but remained another person to all intents and purposes. Gradually, by a series of carefully-carried out educative methods, the bar of amnesia was crossed and he became once more the single individuality. The book is intensely interesting, and throws a flood of light upon this type of memory loss. Needless to say it is handled in a thoroughly scientific manner. D. Appleton & Co., New York. Price \$2.50.

*The Way to Win* is the name of a new magazine to be published February 1st by Alfred S. Burdick, at "The Home of the CLINIC." While it is designed especially for young men, it will try to reach men of all ages who still are interested in methods of attaining success. As a motto it might take that thoughtful proverb of Elbert Hubbard: "Blessed is the man who has found his work." Both

the doctor and the doctor's boy will find it full of inspiration and real practical help. Dr. Waugh will have an article in the first number on "Some Openings in Louisiana." Some other articles to appear in early numbers are, "Where shall the Young Doctor Locate?" "The Art of 'Getting Next'," "Side Lines for Busy Men," "The Drift Southward," "What Americans are Doing in Cuba," etc. Dr. Burdick, the editor and publisher, will perhaps be recognized as one of the staff of the CLINIC. The subscription price is but 25 cents a year or the magazine will be sent three months for 10 cents. Address, The Way to Win, 1412 East Ravenswood Park, Chicago.

*The Nose and Throat in Medical History.* By Jonathan Wright, M. D., Brooklyn, N. Y. Readers of *The Laryngoscope* will remember the excellent series of articles upon this subject which appeared in its pages some months ago. These, we are glad to see, have been collated and are now offered to the reader in book form. Till we examined this book we had no conception of the antiquity of this specialty, which Dr. Wright succeeds in tracing back to Chaldea. The Introduction has a store of etymological knowledge that attract us; for instance, the fact that the word "nose" is practically the same in all the Aryan languages. But after all, what interests us most is the modern stage, commencing with the discovery of the laryngoscope by Garcia, the London singing master, and its development on our own soil under the tutelage of Horace Green. Every man interested in this specialty should read the book. Price, \$2.00. Lewis S. Matthews & Co., publishers, St. Louis.

Some men require a library to teach them anything: Others will take a useful hint from a three-line footnote.

Eleven varieties of mosquito have been found to transmit malaria. In 850 specimens of M. Rossia none was found infected.

# CONDENSED QUERIES ANSWERED

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## QUERIES.

QUERY 4622:—"Meningitis?" I want help and want it bad. Some seven weeks ago I was called to the country and found a boy, aged thirteen, apparently starting an old-fashioned bilious attack. Constipated, temperature  $102^{\circ}$  F., pulse 120, nausea and vomiting. Tongue well coated, brown. Quieted vomiting and then moved bowels with calomel and podophyllin and saline laxative. Constipation was obstinate, but finally he had free movements. Tongue still remained coated and fever did not altogether subside; pulse remained high. Also, there was pronounced weakness from the first, so that in three or four days he could hardly move himself in any way. Condition remained as above and there further developed pain with muscular soreness moving from place to place, at times in shoulder and arms, then in back, then in legs, sometimes in head, always worse at night and best eased by local applications of cold cloths. There was no rise of temperature in general, though the parts locally seemed hot. No swelling of joints and soreness more evident on pressure on muscles than on movement of joints.

The temperature varied from normal to  $100^{\circ}$  F., rarely  $101^{\circ}$  F., and pulse always rapid (120 to 130). I treated this stage with salithia, sodium salicylate and "calcalith," macrotin, gelsemin. Pain at times so bad at night as to require morphine. Also gave sulphocarbolates. After almost two weeks the pain and soreness began to lessen very slowly, but pulse still remained rather rapid, about 120. Temperature became normal. Appetite improved and power returned in hands and arms partially and in right leg.

Bowels obstinately constipated throughout in spite of saline regularly, cascara comp., cathartic comps., occasional cleaning out with calomel, podophyllin, and salines and toning with physostigmine.

Present condition: Constipation same, can get right hand to top of head, left hand to face; cannot extend them very much. When placed in chair there is great weakness of back. Cannot sit erect. There is evident partial paralysis of left leg, "toe drop" and foot rolls outward. Can use quadriceps extensor slightly. Right leg weak but about normal.

Treatment: Massage with codliver oil. Strychnine arsenate, iron peptonate and manganese and glycerophosphates. Rochelle salts, cascara evacuant, and liberal diet. Boy has good appetite; is not particularly sore anywhere. Joints not involved. Considerable emaciation. Last week had lost appetite and had several attacks of nausea and vomiting seemingly without any connection with what he ate. Would wake him up out of sleep. This is subsiding, and appetite has returned and bowels are somewhat more responsive, but stools are always dry in spite of considerable fluids injected.

H. L. L., Pennsylvania.

We wish that we were able to form a precise diagnosis upon the data before us. The urine and blood should both be examined. Tubercular meningitis suggests itself—perhaps subsequent to an aborted typhoid. However the early symptoms might easily be present in a mild cerebrospinal meningitis. Landry's paralysis can be excluded, but Fried-

reich's ataxia is to be considered. Is there loss of knee jerk, nystagmus or jerking of hands? Your treatment has been good, but we would suggest strychnine and phosph. comp. (strychn. sulph. gr. 1-100; phosphorus, gr. 1-200; atropine sulph., gr. 1-500; cactin, gr. 1-67), one every three hours; ten minims of nuclein hypodermically daily and some good hematinic every four hours. Give a saline in small dose every two hours to keep up renal and intestinal action.

Lecithin should be given three times daily, and a brisk alcohol rub used every morning. Papayotin, four after meals, followed in one hour by calcium sulphocarbolate, gr. 2. Try this treatment and report results. With more detail we might give more definite advice.—Ed.

QUERY 4623:—"Cystitis and Catarrhal Hepatitis." I mail you today specimen of urine from a man with two swelled legs, with a history of not being well since last July. Comes to me now with two big legs, one big liver, clay-colored stools. A poor circulation, good habits. Deacon of church, of good quality. Urine: 26 ounces in twenty-four hours; acid; specific gravity 1030 today—three days ago, 1010. Giving gr. 1-6 each of calomel and podophyllin, saline the morning after. Strychnine arsenate, gr. 1-30 every two hours.

T. S. H., Connecticut.

This man unquestionably has catarrhal cystitis and also a catarrhal hepatitis, probably is catarrhal all through the digestive tract. We would suggest the following treatment: Saline in the morning, a teaspoonful in a glass of hot water, hydrastin, gr. 1-6, xanthoxylin, three granules, grassin, two, and cactin, one, at the mid-hour between meals; be-

fore eating give the hepatic stimulant (see page 209), two; after eating chionanthin, three; sulphur compound (see page 210), three, and every third night podophyllin, leptandrin and euonymin with calomel, of each gr. 1-6 half-hourly for six doses. If this should be too active reduce to half hourly for three doses and make it every third night. Before beginning this treatment we would suggest that you give sodium phosphate, one dram, morning and night for two days (in hot water), and every two hours apocynin, one tablet. Rest a day after this has acted and then begin the treatment outlined.—Ed.

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QUERY 4624:—"Brain Les'on." Male, aged 55; height 5 ft. 8 in., weight 170 lbs., lost coördination; can stand up and walk when holding on to anything; complains of great pain in left eye; the eyeball seems too large for socket. Has partaken all through life more than his share of "valley tan" whisky. Has not drank but little the last year. Pharyngitis third stage, catarrh of stomach and intestines. My treatment has been to equalize circulation, absorb the debris; eliminate; and give systemic and intestinal antiseptics. What will this lesion of the brain lead to—apoplexy or paralysis? A burning spot on left side of brain, now gone—aching pain about knee joints—now gone. In fact is 100 per cent better under alkaloidal treatment; with two months' treatment he has appetite enough for two men.

G. B. V., Nevada.

We are glad to "help you crack the nut." It is indeed a "hard-shelled pecan." By all means give the man the best treatment available, but at the same time we fear that he is pretty nearly "beyond reach." Strychnine and phos. comp. (see Query 4622), one every

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Drainage is the only remedy for mosquitoes and malaria. Petroleum is a temporary makeshift.—Stevens, *Medicine*.

Some malaria mosquitoes breed in fresh, flowing streams; some harmless ones in pools.—Stevens, *Medicine*.

three hours, dosimetric trinity, one morning, noon and night on an empty stomach, arsenic iodide, every four hours, the digestive (see page 214), two before meals, and one hour after eating five grains of sulphocarbolates. Every second night give calomel, gr. 1-6, podophyllin, gr. 1-6, and leptandrin, gr. 1-6, half-hourly for four doses and a saline laxative one teaspoonful in a glass of hot water before breakfast. We think that this will do about as much good as any treatment, and after improvement sets in lecithin could probably be used with advantage. There is a possibility of brain tumor of syphilitic origin. The appropriate treatment might be tried.—Ed.

~

QUERY 4625:—"Uterine Disease." Lady fifty-five, German, weighs one hundred and fifty pounds; two children, youngest now twenty-six years old; no miscarriages. From birth of last child has had excruciating pain beginning just below lower point of left scapula, extending up into shoulder, side and back of head, around over left eye. Just before she has an attack says her abdomen seems to fill up with water; she can tell by this when an attack is coming. They will last for one or two days, then gone for two or three to ten days. At time of attack a big dose of salts seems to help her. Passes considerable amounts of urine when the attacks are present.

I have kept her bowels loose for three or four weeks with salines and fluid extract cascara. She has always been constipated, continually taking something to move them. Put her on a light diet—milk, soups, and eggs; gave her hydrochloric acid and pepsin, and the stomach is now acting well; bowels moving with aid of salts and cascara several times a day; also gave her elixir iron, quinine and strychnine. Urinary examination revealed nothing. She is pale and sal-

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low complexion. These pains continue; they are neuralgic in character. I have thought these pains were due to absorption of toxic material from the intestinal canal.

She is not a neurasthenic, does not use alcohol. No swelling of feet or ankle or puffiness under eyelids. Abdominal palpation revealed nothing abnormal. How would you treat this case from an alkaloidal standpoint?

W. N. H., Illinois.

This case you describe bears the "ear marks" of uterine disease. The reflex pain in the shoulder and over the eye bespeaking inflammatory condition of the uterus and ovaries. You had better examine for lacerated cervix, uterine polypus, etc. Look up the sphincter ani and dilate if necessary. There is more or less autotoxemia present of course. Put this woman on the following treatment for the present: Calomel, podophyllin and leptandrin, gr. 1-6, of each, half-hourly, for four doses, from 7 p. m.; a teaspoonful of saline in a glass of hot water, the next morning before breakfast; one of the Buckley's uterine tonic tablets between meals, three times a day; before eating two of the digestives; after eating one of the tonic arsenates with nuclein, followed an hour later by five grains of sulphocarbolates with a few swallows of water. If pain occurs give cannabin and atropine, repeating in an hour and again in an hour if necessary.—Ed.

~

QUERY 4626:—"Sarcoma?" I would like your advice about a case which has just come under my care after having been under several different prescribers. Child, 5 years old, had small patch of red under left ear a few days after birth, which itched very much and was diagnosed as eczema. It spread over the

Wearing veils and gloves at night brought malaria from 2,000 cases to 256 in six months, in a Japanese regiment.

It is almost certain that the bite of the mosquito is the only method of transmitting malaria.—*Medicine*.

side of the neck and down the back in brown-colored patches, under which was serum. It afterwards covered the entire scalp, raised and filled underneath with fluid. It was treated with resinol and different washes, but with no benefit. Two years ago, after much scratching, a swelling occurred underneath or rather in front of the left ear, about the size of a hazelnut, which would bleed freely so as to have long clots of blood hanging down. Now there is a patch of three inches across of raw surface similar to eczema with this swelling at one side, still bleeding most of the time and itching all the time. It has lately been diagnosed as cancer. The child has had recently a number of sores over the body, which start as watery blisters and change into sores with nothing except thin, yellow crust over their tops. The child is anemic and irritable and does not grow well.

I send herewith a sample of the crust from the large sore in front of the ear, to see if you can help me to a diagnosis and cure.

E. H. J., Kansas.

It is possible that this is a sarcoma, and if so it has followed some less serious skin disease; this is of frequent occurrence. Is there history of syphilis? Any signs—other than those given—of scrofulous tendency? The original eczematous patch may have been due to a varicosity of the vein, and infection may have followed, with the result that eczema pustulosa presented. At some stage this may have become sarcomatous—or the original lesion may have been malignant; it is impossible to tell from the history. Our own opinion is that it is a case of hemorrhagic sarcoma which originates (as Hutchinson describes it) as a "symmetrical purple congestion of the skin." The ears are early affected. It commences as a "cyanotic spot which

passes into an infiltration, then becomes nodular, or it may be nodular at first." The surface may become eroded and fungoid, and hemorrhages from the dilated vessels are common. These cases are usually fatal in two to five years. Arsenic to effect (with nuclein) and the application to the growth with caution of an arsenical paste might be tried. Echinacea and baptisin, two granules each, three times a day might be tried, and a compress of thuja applied. Keep up elimination and support vitality, giving hematinics freely. Suppose you excise a piece of the tissue and send it for microscopical examination? The finding of staphylococci in the scab means little. It would tend to bear out our theory of an original infection of the spot. The body eruption may be *bullæ pustulosæ*, as these may attend almost any skin disease; they do not aid in the diagnosis. We wish that we could be more positive, but an examination of tissue may reveal something. In the meantime you cannot do better than follow the treatment suggested, using the triple arsenates and nuclein ad lib.—Ed.

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QUERY 4627:—"Arteriosclerosis, Syphilitic." A male, about 55 years of age, carpenter by trade, is suffering from arteriosclerosis, caused undoubtedly by an attack of syphilis three years ago. The patient complains of occasional pains under the right nipple of a smarting character; no dyspepsia, heart apparently uninjured, no valvular trouble. The difficulty has come on very slowly. The patient is of good physique, does not use tobacco nor alcoholic drinks, habits regular, not married. No swelling of the ankles or puffing around the eyes. Now what can I give this man? Potassium iodide irritates his left kidney, but he can tolerate mercurials and iodoform.

✱ ✱ ✱ ✱ ✱

Allan reports an appendicitis recovering on eserine gr. 1-120 every three hours, strychnine 1-80 every six, etc.—*Medicine*.

Intestinal sepsis has met with opposition, spite of the fact that clinical experience commends it at every turn.—Hollen, *Medicine*.



Is there any salt of iodine which would not irritate his kidneys? How is iodide of rubidium in this respect, or iodide of lithium? I have had him on the double chloride of sodium and gold, ten grains four times a day, with inunctions of mercurial ointment at night. Says he is much better, although under treatment only six or seven days. Would biniodide of mercury internally be of any use, or iodoform? Would it avail anything to send him for a prolonged residence at the Hot Springs?

The man is poor and friendless and I would like to do the best for him that can be done. Therefore, I have written to you in the hope that I could hear of some remedy which might help him. Would you consider the case hopeless?

J. A. K., Massachusetts.

We would suggest that you use the antisyphilitic granule. We believe you will find that it does not irritate the kidneys, especially if you give calcium carbonate and colchicine three times a day with half a pint of water and saline, a teaspoonful before breakfast every morning or every other morning. You might add to this treatment with advantage nuclein hypodermically, ten minims three times weekly, and every second day give apocynin, 1 granule, every 10 hours from 8 a. m. to 8 p. m. Keep him at home and carefully feel your way until you get the right treatment for him. However, if he is unable to pay the bill, we do not know just how far your philanthropy will carry you. The case is a serious one undoubtedly, but should be benefited finally by the above treatment modified more or less as the conditions demand.—Ed.

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QUERY 4628:—"Chronic Sore Leg." I would like your suggestions in regard to the treatment of an old sore leg, of a

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Binkerd advises crude petroleum as an intestinal antiseptic; neither absorbed nor assimilated, harmless as water.

lady; corpulent; fifty-five years old. Periods irregular. Good appetite, but I cannot cure this leg. Can subdue the pain and sometimes it is almost well, but still holds out wrong. We used an ointment of echinacea, sodium, borate, etc., externally; also some constitutional treatment, with but little avail.

J. N. E., Louisiana.

For the old lady adopt the following treatment: The antiscorbutic tablet (calcium iodized, gr. 1-3; phytolaccin, gr. 1-3; stillingin, gr. 1-6; arsenic iodide, gr. 1-67; nuclein, gtt. 4), two every three hours, saline laxative, one teaspoonful in a half-pint of water before breakfast, calomel and iridin, one tablet, and podophyllin, one tablet (1-6 grain), half-hourly for four doses every third night, sulphur compound (see page 210), three after each meal. Externally, clean the sore with peroxide of hydrogen thoroughly, then paint the entire lesion with pure turpentine and cover with gauze. After the granulations have begun to show under the turpentine treatment, apply ichthyol, one dram, salicylic acid, one-half dram, resin cerate, two ounces; or, if granulations are slow in appearing, apply bovine twice daily on iodoform gauze, and you will soon get rid of the sore and have an everlastingly grateful patient. Treat all old ulcers and abscesses that refuse to heal on this plan and you will have few failures.—Ed.

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QUERY 4629:—"Varicose Veins of Pregnancy." My sister is troubled with varicose veins. Pregnant three months, sixth pregnancy; an ordinary case of varicose veins, I suppose. Most trouble below the knees. I have not seen her. She writes me saying she is afraid she is going to "get past going." Wants something done to keep her going till

See an excellent paper on the Rationale of Intestinal Antisepsis by Hollen, in the January number of *Medicine*.

time is up. What is the best treatment for her, under the circumstances? I have never been called upon before to treat a case of this kind.

J. C. D., Texas.

A case of varicose veins existing during pregnancy is practically incurable. The only thing that will stop the condition is the emptying of the uterus and the best that the doctor in attendance can do is to use precaution to prevent bursting of the vessels. The writer proceeds as follows: He takes one of the Empire elastic bandages and applies it over the ankle to the knee, not too tight but tight enough to affect the circulation slightly. At the same time he gives small doses of hamamelin and hydrastin, three of hamamelin and 1-6 grain of hydrastin, three times daily. It will also be a very good plan to insist upon her bowels being kept open with saline, a teaspoonful in the morning before breakfast. If the condition is very serious have her wear an abdominal supporter to relieve the pressure upon the parts. Tell her not to be at all frightened, that with support and a little care as to the amount of exercise she takes there is no fear of the rupture of the veins.—ED.

QUERY 4630:—"Fermentative Dyspepsia with Tachycardia." Patient male, aged about 45 or 48, trouble dates from about the last of April. This patient is a carpenter by trade; he came to me from another physician in September, stating that he had been treated for gastritis. I found, upon examination, some tenderness over the stomach, that he had thrown up his food now and then, and that he would have some pain of a burning character during the times that he would throw up; also I found his heart very irregular, first fast and then

slow. He made good improvement under my treatment for a time and then got worse; I found that as his heart became regular he would feel better. The heart has not been irregular since I began treatment, but gets very rapid, running up to 156. Yesterday it was 140, this morning 144. Temperature normal, bowels in fair condition, feels hungry and could eat, has trouble in lying down, for several nights at a time says that his throat tickles and that he gets out of breath. There does not seem to be any valvular trouble of the heart; the heart will get down to 72 to 78, for a number of days, and then run up again and I find that when his stomach begins to feel bad and he begins to vomit that his heart begins to run fast. Now whether the heart makes the stomach sick or whether the stomach makes the heart run fast is the question. I should have stated that the feet and hands have been swollen at times, but gave way to treatment.

R. R. S., Missouri.

We have your favor of recent date. The report of our laboratory has gone forward and we presume has reached you ere this. As you will notice hydrochloric acid is absent. There is indigestion from lack of digestive juices and some fermentation, as is shown by the yeast cells. We are not sure, but imagine that there may be some atony of the stomach in this case. This may be due to some impediment to the circulation. Nothing but a very careful physical examination will enable you to form a correct diagnosis. The stomach should be inflated and the outline observed. There may be sacculations. It is only by careful observation and experiment that one can be positive whether the heart disturbance causes the gastric trouble or *vice versa*. Let us make a suggestion. First of all give this man peroxide of hydrogen, one

Three hundred physicians are needed on the Panama canal, to attend the 50,000 workmen to be employed there. Pensions to widows?

Taking leave of Sir Astley Cooper, Baron Dupuytren kissed him; the courteous Baronet returned the salute—to the Baron's daughter.

dram, in four ounces of water an hour before food three times daily for two days, then give him light but very nutritious food, such as predigested cereals, concentrated soup, eggs beaten up with milk, etc.; after each meal give papayotin, six granules, pepsin compound tablet, one, and ten drops of dilute nitrohydrochloric acid in two or three ounces of water. At the mid-hour between meals give hydrastin, gr. 1-6, rhein and nux vomica, one. Every second or third night order calomel, gr. 1-6, leptandrin, gr 1-6, juglandin, gr. 1-6, half-hourly for four doses, and the next morning before breakfast a teaspoonful of saline in a glass of *hot* water. The first thing in the morning (before the saline), at noon and at night, give cactin, two granules, strychnine arsenate, gr. 1-67. Follow this treatment for two or three weeks. Watch the heart action, note the condition of the stomach carefully, also the stools, and report results.—Ed.



QUERY 4631:—"Hepatic Torpor, Uricacidemia and Tobacco Heart." I am 65 years of age and have been in active practice for thirty-six years. I have been affected with diabetes mellitus for the last six years. Six years ago I weighed 212 pounds. I now weigh 197 pounds. I have been able to practice most of the time. I had two spells of vertigo that lasted five weeks; have no paralysis, just extreme vertigo. Since I had the attack I cannot smoke tobacco or use any whisky as a medicine; I have never used whisky as a beverage in my life but *have* been addicted to excessive smoking. Strychnine and whisky in small quantities produce vertigo and fulness of head. My urine contains sugar most of the time; average, five grains to each ounce. I do not adhere to a rigid diet, only cut out sugar and use saccharine in my coffee. My heart is normal, also kidneys.



Green apomorphine is not dangerous; it is due to alkali and can be prevented by a drop of hydrochloric acid in the solution.

Two months ago I was attacked with pain in right side just below short ribs and dull, intense aching, sometimes stinging pain. I have taken aspirin, thinking it might be of a rheumatic origin. I am compelled to take one grain of codeine to quiet the pain for a time. I have used your saline cathartic to regulate my bowels. Is it proper to use this in diabetic troubles? I am confident that I have neuralgic trouble in my side; in bad weather the pain is more severe. My appetite is splendid. If you can suggest any remedy for my condition it will be gratefully received.

T. M. B., Indiana.

You are suffering from hepatic torpor, retention of uric acid and tobacco heart. We would suggest the following treatment: A saline, preferably with colchicine, in a glass of hot water before breakfast, dosimetric trinity, two granules, cactin, one, morning, noon and night, on an empty stomach, colchicine, one, four times daily, adding macrotin, two, to each dose. Before each meal take the hepatic stimulant (see page 209), two, and one hour after eating five grains of the sulphocarbolates; every third night calomel and iridin, one tablet, podophyllin, one, and leptandrin, one. Diet carefully, avoiding salt meats, smoked meats, sugar and pastry. Take plenty of fruit, raw and cooked, milk, lean meat, fish and poultry. We would also suggest that twice a week you bathe the entire body with a solution of epsom salts (two tablespoonfuls to the quart), using this at body temperature. Wash off with plain warm water, and then dry with a rough towel.—Ed.



QUERY 4632:—"The Dosage of Aconitine for Children." You say, speaking of aconitine: "For children dissolve a granule for each year of the child's age,

*Merck's Report* enumerates 232 new remedies introduced during the preceding year. Most are of chemical origin.

and one extra, in twenty-four teaspoonfuls of water, and of this give a teaspoonful at a dose at the same intervals as for an adult." Now what I want to know is, does this rule work with all granules in children's diseases, and if not, what granules are excepted?

T. M. L., Ohio.

If you have the Alkaloidal Digest and will read the "Primer," you will find this question thoroughly dealt with. Aconitine, digitalin, strychnine and all the more potent or *possibly toxic* alkaloids can be given satisfactorily by the Shaller rule. As a matter of fact, the doctor must be governed by circumstances, the severity of the disease, robustness of the patient, etc., for the rule which will work beautifully in A's case will need some modification in B's. We, ourselves, give aconitine in much heavier dosage. We believe it can be given with safety in nine cases out of ten, but it is better to teach the small-dose idea (especially until the profession gets used to the alkaloids) and have no accident, than to urge large doses and have an occasional complication. The one rule to follow always and without deviation is this: "The smallest effective dose oft repeated to effect—remedial or physiological." To apply this in practice it is only necessary that the physician shall acquaint himself with the physiological action of each potent drug and then apply his knowledge as necessity may demand.—ED

QUERY 4633:—"Alkaloids in Fever." Is the alkaloidal treatment cheaper than the allopathic treatment in a case of fever? Do you consider it really cheaper and better throughout?

A. B. R., Missouri.

As regards the comparative expense of

Of last year's novelties these are worth trial: Agniadin, cellotropin, elosin, heritine, herniarin, narcyl, strychnine cacodylate,

the alkaloids and galenic preparations we most emphatically would say that the alkaloids used properly and with a full understanding of the case in hand will prove infinitely cheaper for the simple reason that the case will be controlled and the disease defeated in a much shorter time than by the old methods. Fever, Doctor, is but a symptom denoting the presence in the body of abnormal and toxic material and (often) the invasion of the system by pathogenic bacteria. Therefore, to cure the fever it is necessary to eliminate the waste and destroy the invading germs. To do this eliminatives and intestinal antiseptics will be required. The fever will then be under control, and, from the beginning, if eliminative and antiseptic procedures are instituted, a few doses of aconitine and veratrine will keep the temperature within bounds. Yes, Doctor, unquestionably the alkaloidal method is not only infinitely superior to any other, but also more economical.—ED.

QUERY 4634:—"A Case of Digs." I have a number of cases of "itch," or at least that is what people call it who come for help. The person will feel an itching sensation and if they look close they will see a very fine eruption beneath the skin, sometimes without any color and sometimes slightly red. On rubbing or scratching, this eruption shows up bright red above the skin, with almost intolerable itching. The papules are not as large as a pin-head when raised up, but some people have scratched until they have patches of eroded epidermis all over body. The areas affected may be entirely different on different days, which led me to believe it was not a local disease, but some systematic trouble, but yet it seems to be infectious, as people who associate with those who have it will soon break out.

Quinine, arsenic and antipyrine most frequently cause eruptions; also phenol, salicylic, bromide, iodide, benzoic acid,

I have tried almost everything to destroy or cure it. First, tried calcium sulphide, with ointment of sulphur, oil of cade, bismuth, etc., with no effect. Then tried arsenic sulphide and red clover compound with various washes and ointments. Also tried the antihyperpetic tablet. Nothing in the way of dermal antiseptics or sedatives seem to have any effect. Can you tell me what it is or what will cure it?

E. H. J., Kansas.

Your cases of "itch" are probably a species of "prairie itch," "scratches," "digs," etc. We have at various times dealt with this malady in the CLINIC, and believe it to be as yet improperly understood and not classified. Autotoxemia or uricacidemia is at the bottom of it. Just try this treatment and please report results: Blue mass and soda, one tablet, iridin, one, leptandrin, one, and euonymin, one, every half-hour for four doses, every third night. Saline the next morning the first thing. Xanthoxilin, three granules, echinacea, three, between meals, and alnuin, three granules and the sulphur compound, three after eating. Before the two principal meals give two of the hepatic stimulant (podophyllin, gr. 1-3; quassin, gr. 1-6; strychnine arsenate, gr. 1-134). Locally apply (after washing off the body with a solution of epsom salt 2 drams to the quart of water), carbolic acid, camphor and chloral crystals rubbed down together to a liquid. If the skin is *broken* use ichthyol, one dram, salicylic acid, one dram, glycerin, two ounces.—Ed.



QUERY 4635:—"Eczema of Genitalia." I have a case of chronic eczema of the genitals in a lady about 45 years of age. Her trouble dates from her first confinement, about twenty years ago; she



Eruptions are caused by thallin, acetanilid, phenacetin, lactophenin, salol, naphthol, analgine, exalgine, antitoxic serums.

has had no more children. Examination revealed complete stenosis of the vagina four inches from the introitus. The mucous membrane was rather pale and inelastic; urethral orifice inflamed, resembling urethral caruncle, but does not bleed easily and gives but moderate pain on urinating. Small ulcers on labia and immediate surroundings, but disappeared in a week under local treatment and she feels fairly comfortable, but she says she will relapse when treatment is suspended. She passed climacteric two years ago, which change does not affect conditions. Her menses were very painful and expulsive in character during the last few years of their occurrence, but at present I can find no opening leading to cervix uteri. Leucorrhoea is quite marked and always has been. No sugar in urine. System seems well regulated, medium weight, regular in habits, husband living. She has gone the rounds and is getting desperate. Wants me to promise to cure her—can I do it? How?

E. C. J., Iowa.

We are inclined to fear that you will never get a cure of this case as long as the local conditions remain as at present; that is to say, the stenosis of the vagina and the exsanguinated condition of the parts; the ulcers and pruritus (for such it really is) are due entirely to deranged circulation, and probably you will find that some of the nerve trunks and vessels are caught in the cicatricial mass, although occlusion occurs far up the vagina, in this case. Four inches, Doctor, is a long way from the introitus, but in a woman of her age there is one method of treatment which suggests itself to us as being likely to succeed. Locally cleanse everything with  $H_2O_2$ , one part, water, one part. Into the vaginal orifice put, morning and night, a wool tampon saturated with pure bovine to

Many essential oils cause skin eruptions at times; so does copaiba; orthoform is a remarkable drug for this.



supply nutriment to the parts. Externally apply ichthyol, one dram, carbolic acid, sixty minims, resorcin, one dram, salicylic acid, one-half dram, lanolin, one ounce, resin cerate, one ounce. Internally give alnuin, three granules, xanthoxylin, three, and rumicin, three, every four hours; the arsenates of iron, quinine and strychnine, with nuclein, after meals, with three of the sulphur compound (pulverized sulphur, gr. 1-134; extract nux vomica, gr. 1-67; podophyllin (neutral), gr. 1-67; collinsonin, gr. 1-134), a teaspoonful of saline before breakfast in hot water and calomel and iridin, one, half-hourly for six doses every third night. If the sphincter ani is constricted, as it probably is, dilate gradually with hard rubber dilators, and if you can possibly get her to consent to breaking up that adhesion in the vagina break it up. If you do that you will not need to use much local or constitutional treatment.—ED.



QUERY 4636:—"Erythema Fugans." "Nerve Reflex." 1. Male, 29 years old, German parentage. Dry goods clerk by occupation. Height 5 ft. 9 in., weight about 140 pounds; habits excellent, neither drinks, chews or smokes. Bowels slightly constipated at times; urine all right. Mother and father, sisters and brothers, living and well.

Symptoms: Flushing of skin of cheeks, forehead and chin, coming on after dinner every day and at times after supper, the latter not as regular as the flushing after dinner. There is no pain accompanying these flushes, but a burning, stinging sensation in the skin. Appetite is good. Takes regular exercise every day, walking about five miles a day to and from meals. Has not lost any weight. Muscles in good condition and skin clear of pimples or blotches.



Rosengartens have absorbed the P. & W. Company. Great news for all who know the high standard of Rosengarten's goods.

Shaving makes the tingling and burning worse for that day, and it never lasts longer than two or three hours after dinner. His walking after dinner does not affect the condition at all, as it will come on the same if he lies down. What is it? What is the cause, and what can we do for him? He is a single man and his "blushes" bother him in the store. He has lived out of doors till coming here, about three months ago, and the conditions then were as now, and as they have been for about three years. Has never had any sickness except children's diseases.

2. Male, aged 40, single, nationality American, height 5 ft. 10 in., weight 196 pounds. Was taken about three years ago with twitching of the skin muscles of the right side of face and neck. It was constant at that time, about one twitching every 3 to 5 seconds. He consulted doctors and they gave him strychnine and promised to cure him, but volunteered the information that they did not know the cause! Now the twitching has gone to the skin of the legs and of arms. Does not affect the face when in the legs or arms and never involves the deep muscles of either and stays always in the right side of body.

Has never had any diseases except measles and prairie itch or "scratches" as he calls it. Has had no venereal diseases. Eats hearty and keeps up his weight; bowels regular twice a day; urine all right. Never had rheumatism or other gouty symptoms.

I think that there is some irritation to the sympathetic in the neck causing the face twitchings, but why is it in the legs and arms and only involving superficial skin muscles? I have put him on calcidin, gr. 2-3, four times a day, with strychnine, gr. 1-30 at the same periods, hoping to get rid of scar tissue and waste products around the nerve roots. Can you suggest anything additional (or do I get another think)?

I get the CLINIC every month and read and digest as much of it as I can

The Illinois Drug Clerks' Association will expel any member violating the law as to selling cocaine—one out already.

before the next comes around. All my spare time is taken up in studying the alkaloids and their action, and can say that I have had but three deaths from any cause since beginning their use, two of these being babies. One with cord about the neck and living only fourteen hours after I saw it. I got there too late. The second, tetanus in a baby of seven days—another doctor's patient. The last, an old lady of 72, with cardiac dropsy involving the whole body. I can say I am satisfied with my record, and when I give the alkaloids I know what I am doing. I think you should do some "missionary work" in the colleges. I accidentally found a few CLINICS in my junior year and took to it like a duck to water. Others in the junior and senior year in all colleges would do the same if they once heard of it. Let the good work go on. Get hold of the young material and let it grow up under alkaloidal literature and there will be less sickness and more *doctors* in the country.

C. S. M., Indiana.

1. The case of *erythema fugans* which you describe is of interest, because it is a not rare phenomenon, and but little understood as yet. It is more closely allied to urticaria than to other erythemata, and is due to some irritation of the intestinal tract. You note that as soon as the digestive process is at an end the eruption fades. Now this may occur at times with many people and simply means the presence of some irritating ingesta, but when it occurs regularly there is some fixed abnormality. Hyperchlorhydria, ulcer of the stomach wall and half a score of other conditions suggest themselves. Obstruction of the pylorus has been found to cause such flushing, the *causa causans* being cicatrization of a round ulcer. However there may be no such cause at all, but merely disturbance of circulation and

innervation. Just why the capillaries of the face should be flooded when the gastric vessels are surcharged with blood is not explainable, but there is a "crossed wire" somewhere, and probably the trouble is differently located in each individual. Is there dilatation of stomach? Try giving codeine, gr. 1-12, and hydrastin, gr. 1-6, just before meals—or ten minims of a 1-1000 adrenalin chloride solution with the codeine, and after eating, caroid, soda and charcoal.

Frankly, experimental dilation of the *sphincter ani* has stopped the trouble, which is evidently a nerve reflex. You must examine and watch and feel your way till you strike it, Doctor—and then tell the family.

2. This is also one of those "puzzlers" which can only be solved by minute attention. Urine must be analyzed often. It is possible that uric-acid is the cause, but with care you may be able to trace the trouble to the nerve trunk or ganglion affected. Percuss the spine and look for areas of hyperesthesia. Empirically you will probably find that neurolecithin, one tablet, strychnine and phosphorus compound (see page 202), one will be your remedies. Add scutellarin, six, and avenin, six, morning and night in hot water. Three times weekly, half-hourly from 8 p. m., calomel, leptandrin and juglandin, gr. 1-6 of each, till a grain is taken; follow with saline next morning. Dilate sphincter ani. If possible galvanize and test each reflex.

We note your comments relative to alkalometry and can only cordially agree. Go on, Doctor, success is before you! We are doing missionary work in the colleges and reaping a glorious harvest. Over one-third of the men



Minnesota pharmacy has prepared a bill regulating the sale of narcotics and enabling druggists to send "fiends" to hospitals.

Notwithstanding many laws limiting its sale, cocaine is advancing in price, but especially in European markets.

who graduate during the next three years will go out "posted" upon alkalimetry. Many of them will carry "a little case" with them when they lift their sheepskin.—Ed.

QUERY 4637:—"Cancerous Wart." Would it be all right to use the dermal solvent on a wart of cancerous nature?

H. L. S., Iowa.

If there is any positive sign of cancerous tendency *do not use the solvent*, but use thuja, after first applying Marsden's paste (arsenous acid, one dram, powdered acaacia, one dram). The powder is nixed with a little water into a stiff paste and applied to the sore. Allow it to remain for twenty-four hours, then poultice until the eschar which the paste has formed is removed, and then apply thuja or bovine and iodoform, constantly, on gauze covered with a piece of rubber protective. We suggest internally the use of nuclein and condurangin. The addition of echinacea will probably be of benefit.—Ed.

QUERY 4638:—"Pachydermia Diffusa—Laryngeal?" A robust farmer, about 35 years old, often feels a desire to clear his throat, especially in the morning, and after some effort a hard mass comes up, as he describes it, the pressure of the throat against the vertebral column irritates him. He can swallow and his voice seems to be a little abnormal. Has felt this way for about three years. There is a "whizzing" sound over the larynx. Examination found the uvula a little enlarged, but nothing abnormal in the throat could be seen. He also feels some pain over the kidneys when he bends a little; in washing himself for instance. Urine acid, specific gravity, 1016, trace of albumin.

Another man, about the same age, was

suffering five years ago with acute cystitis, I suppose from his history. The urine is acid, specific gravity 1025, no albumin, slight trace of sugar, no sediment. The man is complaining of headache; he sometimes feels well. His appetite is somewhat capricious, he feels very weak, occasionally has pricking pain over the whole body. The other day felt piercing pain under the left shoulder blade and over the heart. I think his heart is affected. Will you kindly give me some light on these cases so far as diagnosis and treatment are concerned?

V. A., Nebraska.

From your description it strikes us that there is some benign growth present. Were there malignancy pain would be considerable. However there is a possibility of tubercular involvement and the sputum should be examined. Chronic laryngitis should be thought of as *pachydermia diffusa* following prolonged inflammation would present just such symptoms. However only the most careful examination of the larynx and trachea with reflected light and mirrors will settle the question satisfactorily. Give the man calcium iodized, one granule, and hydrastin, one, every three hours during the day. Have him keep his kidneys and bowels freely active and twice daily let him steam his throat by inhaling from a vessel of boiling water on which twenty minims of oil sanitas has been dropped. The carbonates of calcium and lithium, four times daily, with a glass of barley water should be taken for the renal difficulty.

In the second case there is uric acid poisoning and possible nephritis. Give a saline, a tablespoonful before breakfast, the calcium carb. comp. and barosmin, four granules, every four hours, with a glass of water, also two "trinity,"

Nux vomica has risen in price so much that strychnine will cost more. Lay in your supplies before the rise gets here.

The Batavia sales of bark indicate lower prices for quinine; or at least no increase seems probable at present.

one on waking and one on retiring, and boldine, two granules, chimaphyllin, three, and cactin, one, between meals. After eating, one intestinal antiseptic tablet crushed and taken with water.—  
ED.



QUERY 4639:—"Nephritic Eczema." Married lady, aged 27, well nourished, good liver, healthy looking, one child five years old, no pains or aches, but an intensely itching eczema of the hands and ankles, dating back about two years. Has been treated by several physicians for eczema. I have been treating her for the same for the past six weeks, with only temporary relief. I made an examination of her urine a few weeks ago and found nephritis. Urine is very pale and profuse, passes seven to eight pints in twenty-four hours, specific gravity, 1010 to 1012, with a trace of albumin and granular tube casts; gets up two or three times during the night to empty the bladder, the act accompanied by pain, preceding the flow of urine. She states she has been passing this large quantity of urine for several months, and that previous to that time her urine was rather scanty and highly colored. As she had the eczema two years I would judge that the nephritis commenced about the same time. Would be glad to have you outline a treatment for this case and state your opinion as to the prognosis. I do not think the prognosis as grave as most authorities put it.  
S. S., Tennessee.

Unquestionably the eczema is due to a nephritic condition. We would suggest that you place this patient upon an absolute milk diet for from three to four weeks, having her take from two to three quarts of milk per diem, swallowing each mouthful slowly (chewing it as it were), one teaspoonful of saline in hot water before breakfast, lithium benzoate, two grains, barosmin, four granules, and one

dosimetric trinity every three hours. Before each feeding give a hepatic stimulant (podophyllin, gr. 1-3; quassin, gr. 1-6; strychnine arsenate, gr. 1-134), adding xanthoxilin, four granules, alnuin, two, and chimaphyllin, three; after the meal give three granules of the sulphur compound (sulphur, gr. 1-134; ext. nux vomica, gr. 1-67; podophyllin, gr. 1-67; collinsonin, gr. 1-134). Make a capsule containing ichthyol 1-2 grain (or obtain the ichthyol pill of the manufacturing pharmacists of like strength), and give one morning, noon and night. Every second or third night a granule each of calomel and iridin, one half-hourly for four doses. For the eczema locally try ichthyol, one dram, resorcin, one dram, glyceride of hydrastis, one ounce, and glycerin, two ounces. Apply this at night freely. Have the urine examined every two or three weeks as treatment must vary according to conditions existing.—  
ED.



QUERY 4640:—"Cystitis." A young man, eighteen years old, has had chronic cystitis for ten years. Several doctors have failed to give him any relief. He came into my hands some months ago, and improved nicely for two months; only had to get up twice at night; formerly eight to ten times. Now he has to get up three to four times; is not doing so well under the same treatment. Most of the trouble seems to be at the neck of the bladder. I irrigated the bladder with warm boric acid solution and followed with euarol. No improvement. Then I irrigated with silver solution and afterward used solution hydrastis and let stay for an hour or so. No improvement. I used silver solution and let stay in the bladder for half an hour. Steady improvement until the last week or two. Gave internally large doses arbutin, benzolithium and hyoscyamine, also



A lady eats a heavy nitrogenous supper, spends a merry evening and—wakes with "nerves." Hysteria? Bosh—autotoxemia!

See a fine paper on Autointoxication as cause of mental disorders, in the *Boston M. & S.*, by Briggs. Funny how it spreads now.

cubebin and atropine valerianate which I think had a better effect than the hyoscyamine. I have suspected a stone in the bladder.

This boy has been deprived of all society and an education on account of this trouble, as he usually has to urinate every half to one hour. There is pain at the head of the penis when urinating. Please diagnose the case. I am very anxious to relieve this young man if it is possible to do so. He is a farmer's son and has lived an active life so far as he could.

J. R. M., Texas.

From the description of the case you have prostatic trouble with involvement of the neck of the bladder. The pain in the head of the penis is a reflex pain and is nearly always present in prostatic hypertrophy. We would suggest that you place the case on the following treatment: Cubebin, two granules; barosmin, four; one dram of a good preparation of hydrangea and one dram of *tritium repens* (fluid extract). Give these together every three hours. Examine the prostate carefully through the rectal walls and massage with the finger tip after throwing into the rectum two drams of euarol, that is to say, massage the prostate through the "puddle" of euarol which will be formed in the rectal ampulla. The patient must of course lie upon his abdomen during the procedure. It might be desirable to inject a solution of silver nitrate into the deep urethra with an Ultzmann syringe. Give this boy at least a quart of barley water per diem, and with each drink let him take a tablet of calcium carb. comp. crushed. We could not suggest any further treatment until we have examined the urine in this case.—Ed.

QUERY 4641:—"Cystitis." Can some of your alkaloids help me in the following case: Cystitis of two years' standing; acute exacerbations almost driving patient wild; treated by best specialists—surgically and medically—with complete failure. It is attributed by them to displaced uterus. Vaginitis and vulvitis also present, and the two latter troubles yielded promptly to my treatment, but cystitis balks. Urine shows sugar, but no albumin. First relief was afforded by daily flushing of kidneys and bladder by large enemata. Excessive acidity and imperfect elimination must be at the bottom of this. This case will mean much to a young practitioner if successful, as many have failed. Any suggestions will be thankfully received.

A. C. B., Pennsylvania.

The case of cystitis you describe will probably yield to calcium carbonate and arbutin, which should be given with a glass of barley water three times daily. Give a teaspoonful of saline in a glass of hot water before breakfast; five grains of sulphocarbolates one hour after each meal, which should be preceded by two of the digestive granules (strych. ars., quassin and papain) of our list. The bladder should be washed out with saturated solution of boric acid, followed by one to one-thousand ichthyol solution. After two or three weeks the bladder should be emptied thoroughly and from two to four drams of euarol (euphen and aristol in oily solution) thrown into the cavity and allowed to remain until expelled. Better send a sample of urine to our laboratory.

Of course you should put the patient upon an appropriate diatetic regime for diabetes and endeavor to reduce the amount of sugar in the urine by proper medication. Diabetes may be at the bottom of the trouble.—Ed.

Miss Frances Powell Waugh, a name not unknown to CLINIC readers, is a member of the senior class at U. of Mich., Med. Dept.

You are sure to miss something good if you miss a number of Lanphear's *American Journal of Surgery and Gynecology*.



QUERY 4642:—"Hemorrhoids." My wife has been troubled for twelve or fifteen years with hemorrhoids, but not until a few months since have they given her any serious trouble. The tumor is about the size of the end of an ordinary middle finger and protrudes at each action. To get relief a hypodermic of morphine and atropine has to be administered. Of course we know what this will result in, a confirmed morphine habit. I am using a local treatment as follows: Hot rectal douches, three times a day, followed by thoroughly anointing the pile with rectol. After a month or more treatment along this line there seems to be no improvement. I am inclined to try the hypodermic injection into the pile of carbolic acid, iodine or something of the kind. Kindly suggest the *modus operandi*—that is to say the injection to be used, amount, how often, whether to dilate rectum and inject, or inject when pile is protruded, or any other information.

J. F. L., Alabama.

Inject those hemorrhoids at once with a 50 per cent solution of carbolic acid in glycerin or olive oil. Do not give morphine. Have your wife strain down, expose the pile and then draw up into a hypodermic syringe 30 minims of the solution. Clean off the pile and dry and anoint with olive oil. Now plunge the needle into the center until the point of the needle is in the middle of the pile, taking care not to penetrate the bowel wall, inject slowly from three to five drops of the solution, then turn the point of the needle to the right and inject five minims more and to the left and inject five minims. If the pile by this time has become white and hard withdraw the needle. If blood follows put it back again and inject more. The time occupied should be not less than five minutes. The injection should be made drop by drop, with great care and slowly. Of

course it all depends upon the size of the pile how much solution you use and how long it will take. Do not withdraw the needle, and use enough solution to make the pile entirely white and putty-like. Return the pile, after taking precaution to see that none of the solution has run on the bowel walls, and keep the bowels locked for three days. If there is any pain morphine suppositories must be used. On the third day give a saline cathartic and throw into the rectum two to four ounces of olive oil, just before the stool is passed. In this way the pile will slough off and be passed with hardly any pain. In the meantime give hamamelin, three granules, aesculin, three, and hydrastin, one, every three hours.—Ed.



QUERY 4643:—"Asthma Following Whooping Cough." A boy, three years old next October, since an attack of whooping cough, has attacks of asthma. Have you anything good for such cases? If so let me know and I shall be glad to give same a trial. Calcidin is certainly a "wonder worker," knocking croup out very rapidly.

G. P., Ohio.

For asthma, glonoin, apomorphine, strychnine arsenate and hyoscyamine, one of each every half hour dissolved in a little hot water during the spasm. This is the adult dosage. For a child of three one granule of each in ten teaspoonfuls of hot water and a half teaspoonful as a dose. During the intervals calcium iodized, one tablet every three hours, and strychnine, gr. 1-134, with atropine, gr. 1-1000, three times a day. Keep up elimination, feed carefully and remember that an aseptic intestinal canal is a necessity in such cases.—Ed.



Chronic constipation causes a long train of nervous symptoms; due to toxemia and pelvic engorgement.

Pink Pills contain sulphate of iron, an alkaline carbonate, and licorice, coated with sugar, colored with carmine.—*Lancet*.

QUERY 4644:—"Asthma." "Varicose Veins." 1. I have several cases of asthma I have failed to relieve at all permanently. First few weeks they thought they would soon be entirely cured, but it came back with renewed force. I gave calcidin, hyoscyamine, strychnine arsenate in full doses, also calcalith and salines, with plenty of water and regulated their diet. I feel sure that indigestion and uric-acid is the cause.

2. I have a great many cases with varicose ulcers and a great many with varicose veins without the ulcers. I have succeeded in curing the ulcers and am anxious to reduce the size of veins in order to prevent the return of the ulcers. Most of the women in this section who have borne children have varicose veins, and if I could succeed in curing these cases could increase my income several thousand dollars per year. Please outline your best treatment for these cases.

J. R. M., Texas.

1. Asthma, Doctor, is, as you know, due to any one of several causes, therefore it is impossible to lay down a specific treatment. You will find that large doses of atropine and strychnine three times daily during the intervals, together with free and full elimination and the dosimetric trinity, morning, noon and night, on an empty stomach, and cactin, one every three hours, will do excellent work in nine cases out of ten. In many cases a simple correction of the catarrhal condition of the mucosa of the posterior nares will do wonders, and a weekly or semi-monthly examination of the urine in other cases will reveal some nephritic tendency, the correction of which will speedily put an end to asthmatic conditions.

2. As regards enlarged veins in women of a phlegmatic type who have borne children, the administration steadily of small doses of hydrastin, gr. 1-6, ergotin, one granule, and hamamelin,

two granules, every four hours, with atropine, gr. 1-1000, three times daily, will often prove effective. Mechanical support is desirable. A well-fitting elastic bandage (not a stocking) from the ankle to the knee, worn steadily for at least three months and concurrent with internal treatment, has given us good results.—Ed.

QUERY 4645:—"The Treatment of Epilepsy." In your August issue you promised an article on the treatment of epilepsy and I am anxiously awaiting it. What can we do for these poor unfortunates, instead of ruining them with bromides?

H. H. F., Pennsylvania.

Epilepsy is now being investigated by us and the article, or rather articles, which it was our intention to publish have been held over until we are in a position to say something definite. Epilepsy has been treated or mistreated so long that we do not wish to advance anything which will further serve to complicate matters. When we have satisfied ourselves that the method of treatment we have been pursuing is successful, we shall publish the articles which have been so long looked for. In the meantime, Doctor, remember that elimination, intestinal asepsis and an equalized circulation are the main points in the treatment of non-traumatic epilepsy. Two of the dosimetric trinity granules (aconitine, digitalin and strychnine) morning, noon and night on an empty stomach, and atropine, gr. 1-500, with verbenin, two or three tablets every three or four hours, will be the main direct medication. Magnesium sulphate of course is one of the most useful eliminants at our disposal and the sulphocarbates have proven themselves to be the most reliable intestinal antiseptics.—Ed.

Warner's Safe Cure: Potassium nitrate gr. x to ounce, and various diuretic herbs.—*Lancet*. (Liverwort.)

Mrs. Terry's Drink Cure, 98 per cent sugar and 2 per cent salt. Antidipso, chlorate of potash and sugar.—*Lancet*.

QUERY 4646:—"Danger of Tapeworm." Give me some information as to the dangers of the tapeworm. Are they really dangerous to life, and what symptoms do they cause?

D. L. A., Louisiana.

The tapeworm is dangerous unquestionably, although there are different varieties, *tenia saginata*, the beef worm, being the most frequently found in man. However, there is also the *tenia solium*, the pork worm, and the *bothrioccephalus latus*, the fish worm, besides many uncommon varieties. The tapeworm may be in the intestine for a long period without manifesting symptoms and a man may have a tapeworm and enjoy perfect health for a long time. In other instances the worm produces intestinal as well as general disturbances; pressure at the pit of the stomach and painful points in the abdomen are present, and rumbling and noises may be heard in the bowel. Lack of appetite or ravenous appetite are sometimes present; nausea and vomiting (especially in the morning) have been noticed; constipation is usually present, though in some cases persistent diarrhea marks the presence of the worm. Besides these symptoms there are various disturbances of the nervous system or blood, dizziness, headache, convulsions, and hypersensitive conditions of the extremities. In some cases the patient though he may have a ravenous appetite, looks anemic and starved. In fact the presence of a tapeworm may give rise to any one or a number of symptoms, and makes an invalid of a hitherto healthy individual. The presence of segments of the worm in the stool is the only positive diagnostic sign of the disease.—ED.

QUERY 4647:—"True and False

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If the examiners are not woozy a young lady will be looking for a location along about next June. Tell us, please.

Croup." I have been called out several nights to see children who have croup. I have used calceidin, but if I understand the use of that remedy its greatest value is where there are membranes formed or in "true croup." What shall I use to quickly relax spasm and relieve difficult breathing without producing vomiting, and in cases of false croup where child is perfectly well day before and day following?

R. E. D., Illinois.

In the present day whenever there is a membrane present in the throat it is supposed to be diphtheritic, and, while, personally, we do not believe this to be invariably the case, it is difficult to distinguish and impossible to lay down any set of rules which would enable others (who may not have had any great amount of clinical experience) to make the differential diagnosis. It used to be considered that croup (true) had three stages: (1) The invading or catarrhal; (2) the developed or inflammatory, and (3) the stage of inflammatory exudate with threatened suffocation. In the first stage the skin becomes alternately hot and cold; the child chills and flushes, the headaches and cough appears. It is the third stage (which appears within twelve hours as a rule, and at night) that is the serious one. Those who have been called to a case of true croup know the symptoms so well that it seems absurd to repeat them. "The cough which at first was dry now becomes husky and suffocative," there are attempts to get rid of something in the throat; the mucus expelled is glairy and may contain shreds of the adventitious membrane. The pulse becomes small and quick. Cyanosis is more marked and the sound of the intake and expiration of air are audible in an-

Whether to publish a patent medicine almanac or a journal so technical that a Greek lexicon goes as a premium?—Lanphear.

other room. The little sufferer tosses, clutches at his throat and objects near, throws his head back and shows all the signs of approaching suffocation. If not relieved by emesis or otherwise he sinks into a stupor, cyanosis is complete and the eyes are glassy. Spasmodic efforts are made at breathing, which grow less and less, and after a variable period, seldom more than fifteen or twenty hours, the end comes either with all the signs of suffocation or those of total exhaustion.

This, Doctor, is *croup* (true croup), and is not diphtheria. We have treated case after case of it, and also have treated diphtheria. In the latter the membrane is of a different nature; there is profound systemic toxemia and the prodromes are marked. In diphtheria antitoxin should be used at once and the alkalometric treatment followed. In croup calcium iodized and steam inhalations will do the work. If called when the case is in an acute condition emesis should be induced by the exhibition of apomorphine hypodermically. There is no time to lose then, but in other cases calcium iodized, one or two tablets in hot solution every ten minutes, will give quick relief. If croup threatens, one tablet hourly will stop its career. We have been thus explicit because we do not wish anyone to attempt to treat *diphtheria* with calcium iodized alone. True croup, false croup and all *catarrhal* affections are benefited by calcidin. But, if you suspect the presence of the more serious disease, give antitoxin promptly. Lobelin, emetine and hyoscyamine will relax spasm promptly. Give according to age and in hot water.—Ed.

Sure the medicine is mixed right? No, but it's mixed the way the doctor directed, replied the smart druggist.

QUERY 4648:—"Follicular Tonsillitis." Send appropriate treatment for following case: Repeated attacks of follicular tonsillitis; history of recurrent attacks of rheumatism (not articular); has been heavy tobacco user and "booze fighter;" kidneys degenerated, bowels regular. Am able to hold all in check but the enlarged tonsils. Want something to reduce the hyperplasia and soreness.

J. A. C., Kansas.

Give calcium sulphide, two granules, calcium iodized, one, and phytolaccin, two, every three hours, the arsenates of iron, quinine and strychnine with nuclein after each meal, and a heaping teaspoonful of saline in a half pint of hot water before breakfast. Wash the tonsils off thoroughly with pure peroxide of hydrogen at least daily and then apply a solution of bismuth and hydrastis (Merrell's colorless) with a swab. Give two of the hepatic (eclectic) tablets every second night at bed time. If the tonsils are very much affected it would be better to do a tonsillotomy at once.—Ed.

QUERY 4649:—"An Antitoxin for Malaria." Can't an antitoxin be made for malaria? Some persons are immune, why is it?

F. M. J., Indiana.

This is at present a mooted point. We doubt if *any* person is really immune. The mosquito theory is still unsettled, in all its details. Did you see the recent issue of the CLINIC with the Malaria articles in it? Just for the sake of getting information we publish your query and we shall see what the doctors throughout the country have to say.—Ed.

Powell questions the exclusive dependence of malaria on mosquitoes, as it arose where no such insects were found. Inconclusive.

QUERY 4650:—"Diphtheritic Croup and Calcium Iodized." Calcium iodized failed me in a case here recently, as everything else has always done. Not a single case of this awful disease has recovered here. If there are any special instructions in reference to this remedy I should be glad to have them.

M. E. C., Alabama.

Unquestionably, Doctor, you have been using calcium iodized in diphtheria, and diphtheria will no more yield to this *alone* than smallpox will to purgatives. *Diphtheria* cannot be controlled by calcium iodized, and we have made this statement time and time over. Diphtheria is a systemic invasion by a specific germ and it requires specific systemic treatment. Calcium iodized is of great service here, but antitoxin should be used promptly upon the first sign of diphtheritic involvement and the alkaloidal treatment for this awful disease instituted promptly. Have you a copy of the *Alkaloidal Digest*? If so, read up on these subjects. Nuclein solution hypodermically is of great importance. Calcium sulphide and calcium iodized should be given alternately, and the throat must be sprayed with a strong solution of peroxide of hydrogen. Calomel and salines to unload the bowels and intestinal sepsis maintained by the use of the sulphocarbolates.—Ed.



QUERY 4651:—"Femoral Hernia. Undescended Testicles." 1. I have a case of hernia which presents some rather unusual features. Farmer, age about 50, has small, indistinct, inguinal hernia on right side, which has not yet descended into scrotum. On the left side he has a femoral hernia about the size of a walnut. Do you think I can get a truss to retain the femoral hernia?



Corning reports relief of seasickness from hyocine, and morphine, followed by resorcin and glonoin.—*N. Y. Med. Journal*.

2. I also have another interesting case. A boy of thirteen complained to his father of having some pain in the hypogastric region. Upon examination his father found a condition which he thought was a rupture, and during my absence from town took him to another doctor who confirmed diagnosis of double hernia, and applied a truss. After applying truss the boy had more pain than before. Upon my return home, the father requested me to examine the boy. Upon inspection I found a tumor in each groin. I also noticed a peculiar appearance of scrotum, which I found to contain no testicles. The testicles were found in the inguinal regions. The left one could readily be brought down into the scrotum, but would return to its original position as soon as released. The right one was quite difficult to bring down into the scrotum, but this could be done. I brought both testicles down and placed truss above them (pain instantly relieved), with the hope of finally bringing both testicles to normal positions. Will I succeed?

W. W. S., Missouri.

1. The femoral hernia can be easily held with a truss. This can be with or without a "thigh belt." In the latter case there is a triangular extension of the pad downwards, which dips into the groove the hernia has made in the thigh and prevents the escape of the viscera. A small femoral hernia can be easily held with the forked tongue truss, without a belt. Why not try the injection method in this case?

2. In the second case you will succeed with patience. Bring down the testicles and subject them to slight traction daily. Apply pressure above when in the scrotum and apply a moderately tight band around the "neck" of the scrotum. It will take time, but the results will be satisfactory.—Ed.

Under Dr. Millican's direction the *St. Louis Medical Review* has taken on new life, and shows up well for the brief time.



QUERY 4652:—"Infantile Colic." I have a case on hand that I would like a little help in. A child some five months old suffers intensely from flatulent colic, almost continually. Have tried hyoscyamine, codeine, Waugh's anodyne, neutralizing cordial — nothing gives more than temporary relief. The neutralizing cordial seems to give more and quicker relief than anything else, as it makes the child pass wind largely both ways. But its effects are not lasting; to keep the child from crying I must give a dose at least every six hours, and then sometimes even this continual dosing fails to keep it from suffering. Most of the time evacuations from the bowels are natural as to consistency, but very green in color. Has from two to four operations. Now this condition of things has been going on ever since the first month of its age. It nurses heartily. Could the mother's milk have something to do with its ailment? This is the fourth child; all the others were affected as is this one for the first three months, but not after that age. I will be greatly obliged for any help or advice in this case.

W. G. T., West Virginia.

We think the mother's milk in this case is the cause of trouble. You had better overlook her diet carefully, keep her bowels open and administer saline before breakfast and some digestant, such as papayotin, six granules, with a little charcoal (say three to five grains) after each meal. You will find an excellent plan to stop colic in that child will be to dissolve a tablet or two of the sulphocarbolates in four ounces of water and give a teaspoonful of this before and after nursing. Try the anodyne for infants tablet in this case to relieve such gas as accumulates until the child recovers under the other treatment. We would also suggest the examination of the sphincter ani. If it seems to be

at all contracted do a gradual dilation, but we have no doubt that you will find the *causa causans* to be the mother's milk.—Ed.



QUERY 4653:—"Prolapsus Uteri, Lacerated Perineum." I have a patient, age 68, who has an old perineal laceration causing, in part, a prolapsed uterus and sagging of the anterior vaginal wall, not a true cystocele. She will not submit to operation and will not use local treatment. She can wear an inflated soft rubber pessary, but that soon becomes offensive, as there is rather an abundant discharge from the uterus. Her general health is good, but she cannot walk well even with a pessary. Will the uterine tonic be of any value in this case, or some of the hydrastin or verbenin granules with strychnine to tone up mucous membrane? I am trying her on the last named. I am anxious to relieve her as she is situated so as to make it impossible for me to see her often.

Would you advise astringent douches? There is no tenderness except on the cervix and relaxed wall and that comes from local causes. In cases where the vagina is flabby and relaxed do you not think tonics are *always* needed? My experience leads me to think so. The CLINIC is my sheet anchor in reference.

J. F. S., Ohio.

Your patient should have a perineorrhaphy, but if she will not, use astringents, best in the form of a tablet. Mulford's "vaginal astringent" tablet is excellent, but you can get good results with the vaginal antiseptic (as a douche), and then apply a wool tampon saturated with glycerite of tannin. Yes, tonics are always needed; hydrastin, one granule, every three hours, with eupurpurin and helonin, two of each, will help you. Keep the rectal ampulla empty and have the woman wear a napkin fairly tight.—Ed.



Water kept a few minutes in a copper vessel—and the typhoid and other bacilli die, even if in large numbers.

Swiss riflemen shoot better for short distances after alcohol, but not so well at long ranges.—The Sun.

QUERY 4654:—"Why are Sulphocarbolates the Best Antiseptic? Why do you consider the intestinal antiseptic tablets superior to salol, copper arsenite or guaiacol carbonate?" I have always used salol and guaiacol carb. as "intestinal sweeteners," and have always been satisfied with results. However, in your CLINIC you preach the "antiseptic tablets," and if they are superior to the drugs I have been using, I want to know *why*, and if so I want to use them.

Calcium iodized has given me excellent results in scarlet fever and tonsillitis and glandular diseases in children. Nuclein solution has aided me in typhoid and septicemia. I have tried the granules in adults, but find that I can get quicker and more lasting results with an assayed tincture of aconite or veratrum viride than with the granules. In children, however, the results obtained with the granules are satisfactory.

F. C. W., Michigan.

It would take a small book to tell why we consider the sulphocarbolates better than the three drugs you mention. Salol is, first of all, insoluble in water, resists the gastric juices and therefore does not act *there*; in many cases it causes irritation and even carbolic acid poisoning. The kidneys are injured by its free administration. In all severe cases of auto-infection it is necessary to give antiseptics in large quantities. Salol, therefore, is out of the question. Even in rheumatism it is less effective than sodium or ammonium salicylate. Tablets are apt to "go through" unchanged. None of these disadvantages exist in the case of the sulphocarbolates. They act from the mouth to the anus, are soluble in all media and can be given *ad lib.*, acting favorably on the kidneys. Copper arsenite is an excellent remedy and has its own indications, which are well known. It is not suited, however, to general anti-

septic purposes. Its chief use is as an antidyenteric. You would not give it till you had a clean bowel. In gastric pain after eating it is often of use, also in doses of gr. 1-1000 as a remedy for the vomiting of cholera infantum.

We recommend the use of copper arsenite continually, but it does not even compare with the sulphocarbolates in the field of intestinal asepsis.

Guaiacol carbonate is also a useful drug, but has disadvantages. It too is insoluble in water, passes through the stomach unchanged, and is decomposed in the intestine. In its elimination it combines with the toxins of the tubercle bacillus and causes their elimination. It is not, however (as has been proven by test) as rapid or powerful an antiseptic as the sulphocarbolates, not acting upon fermenting and putrid material or the bacilli and toxins produced by them either as certainly or as generally as the latter salts.

The sulphocarbolates are advised by us—and, now, by all authorities—because they can be used *ad lib.* (dry or in solution) in all cases in which it is necessary to render aseptic the *primæ viæ*. They are comparatively cheap, readily obtainable, not injurious, and when properly proportioned do not cause irritation, but do prove active, as we have just stated, from the mouth to the rectum. We cannot understand your position as regards the granule for children and the assayed tincture for adults. If the assayed tincture is active at all it is because it contains so much of the alkaloid. If the alkaloid can be given in definite dosage without alcohol, isn't it better? And are three samples of "assayed tincture" absolutely alike? If the granule



Sylvester found at one Washington pharmacy the records of forty sales of cocaine in a single day. A law is urged.

A society is soliciting the brains of eminent men for study. Thanks; we have none to spare just at present.

is best for children who are more sensitive, wouldn't the proper dose be best for adults? We have found it so, as have thousands of others. We should like you to go further into the matter of experiment and then write us again.—Ed.

QUERY 4655:—"Tubal Infection?" Mrs. P., age 25, mother of two children, youngest two years old. On February 25 she had an abortion of a two months' pregnancy and has not been well since. Her physician two or three months afterward curetted her and claimed to have extracted shreds or parts of the placenta. Profuse hemorrhage followed and a general inflammation, until now he claims that pus tubes have developed and he says there is no chance but in an operation, and went a few days ago to remove the ovaries. She refused to submit to an operation and he quit the case. She sent for me to know if it were possible for her to get well without the knife. Of course I told her the chances of recovery were very slim, but I would do the best I could for her. I found no fever, circulation very weak; bowels tend to constipate, kidneys regular but at times give her some pain. Liver tender on pressure. Has lost considerable flesh, but still bears a good color. Now, Doctor, these are a few facts I found existing. I am very anxious to help this case, and all say she must die.

H. C. R., Texas.

This is a very severe case you are undertaking. Before you give one of the remedies we recommend you must fully understand, Doctor, that we are prescribing in the dark to a certain extent. Your description of the case does not in any way shed light enough for an intelligent diagnosis. In fact, it would be impossible for mere description to enable us to tell just what the difficulty is. There is evidently profound systemic depres-

sion, probably sepsis, although loss of blood may have a good deal to do with her condition. Give some good iron tonic. Every two hours order calcium sulphide, gr. 1-3; strychnine arsenate, gr. 1-134, and cactin, one granule, *with every other dose*. Saline, a small teaspoonful in a glass of hot water every 3 or 4 hours until free stools follow, and pilocarpine, one hourly until profuse perspiration occurs, then stop. Do not give the pilocarpine until the bowels have ceased to act, or give it first, but do not have the action of this drug and the saline occur at the same time. Nuclein, ten minims, hypodermically, morning and night, and, if you are sure of your technique place the woman in a dorsal position, expose the *os uteri*, cleanse the vagina thoroughly with a one to one-thousand bichloride solution and then swab the interior of the uterus with iodine, one part, carbolic acid, one part, then tampon with iodoform gauze, one per cent. If the woman comes down to a very low point give a subcutaneous injection of a normal saline solution and drop nuclein solution, two or three drops at a time, on the tongue, letting it be absorbed from the buccal mucosa. Give, as necessary, hypodermics of digitalin and strychnine to maintain vitality.

Under this treatment we hope she will decidedly improve. A hopeful feature of the case is the absence of fever; if there was profound septic trouble there would probably be an intermittent rise of temperature. Pelvic drainage with a carefully-outlined reconstructive treatment should do much. If she resists this, you should carefully determine the exact condition of the genital organs and operate if necessary.—Ed.



Woodruff advises the use of alcohol in the tropics; Kitchen advises against it. Cut it out till they agree.

The growing scarcity of native drug plants points to cultivation in the near future. Hydrastis is worth \$1.35 per pound.